MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	TOZIL										
PLACE OF DEATH					2.	USUAL RESIDENCE (W	here decease			ce before a	lmission)
Montgomery				MARYLA		o. STATE District of	Colum	b. COUNT	Y		V
b. CITY OR TOWN (I	f outside corporate limit	ls, write	c. LENGT	H OF STAY IN		c. CITY OR TOWN (IF			RURAL and	give nearest	fown)
Bethesda	torest town)		26	days	1	Washington			64 7	7 -	3
d. NAME OF HOSPIT	'AL (If not in hospital, g	ive street				d. STREET ADDRESS			-	e. IS	RESIDENCE
The Clinic	al Center,	Beth	esda I	14, Md.	.]	1621 Otis S	treet	N.E.			N A FARM?
B. NAME OF DECEASED	Fire	sf		Middle		Last	4. DATE OF	Mo	enth	Day	Year
(Type or print)	Elij	ah		Henry		Allen, Jr		Septemb	ber	20	1960
. SEX	6. COLOR OR RACE	7. MARR	IED NE	VER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)			NDER 24 HR
Male	Negro	WIDOWE	ED 🔲	DIVORCED	D No	ovember 10,	1903	56 yrs		Days Ho	urs Min.
despine mark of word	ON (Give kind of work oking life, even if retired)	done 10b.	KIND OF B	USINESS OR	INDUSTRY	11. 8IRTHPLACE (State	or foreign c	ountry)	12.CIT	ZEN OF WH	AT COUNTRY
Physician	ting tite, even it rented)		Media	cal		Washingt	on. D.	C.		U.S.A	
3. FATHER'S NAME					1.	4. MOTHER'S MAIDEN					
Elijah H.	Allen, Sr.					Emma Russe	11				
S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SE	CURITY NO.	17. INFOR	RMANT The Med	ical F	Record Ad	dress		
No. or unknown)	[If yes, give wor or dates of se	ervice)	None			Clinical C			ta 1h.	Marv.	and
								2001100			
18. CAUSE OF DEA	TH (Enter only one co	use per lis	ne for (a). (b), and (c).1						INTERVA	L BETWEEN
	ATH (Enter only one co						TO		771	ONSET /	ND DEATH
	ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o					morrhage fr	om Es	ophageal	Vario	ONSET /	
	TH WAS CAUSED BY:						om Es	ophageal	Vario	ONSET /	ND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which)	Gas	troin		al He	morrhage fr	om Es	ophageal	Vario	es d	ND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which (b) mmediate (CUE TO	Gas Thr	troin	testina	al He	morrhage fr	om Es	ophageal	Vario	es d	ND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which (b) mmediate (CUE TO	Gas Thr	troin	testing	al He	morrhage fr	om Es	ophageal	Vario	es d	ND DEATH
Canditions, if a gave rise to i cause (o), stoting lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mmediate the under- (c)	Gas Thr	troin combos t Nec	testing	al He Porta	morrhage fr				ONSET A	eks oths
Canditions, if a gave rise to i cause (o), stating lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mmediate the under- (c)	Gas Thr	troin combos t Nec	testing	al He Porta	morrhage fr l Vein				ONSET W	eeks
Canditions, if a gave rise to i cause (o), stoting lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO The winder of the under o	Gas Thr	troin	testing is of l	al He Porta Cirrh	morrhage fr l Vein	INAL DISEAS	SE CONDITION G		ONSET W	eks oths As autopsi
Canditions, if a gave rise to i cause (o), stating lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mmediate the under: HER SIGNIFICANT CON	Gas Thr	troin	testing is of l	al He Porta Cirrh	emorrhage from the service of the se	INAL DISEAS	SE CONDITION G		ONSET W	eks oths As autopsy
PART I. DEA Canditions, if a gave rise to i cause (o), stoting lying cause lost. PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDIATE CAUSE (o) DUE TO (b) (c) AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER;	Cas Thr Pos Diffons 0	troin	is of I	al He Porta Cirrh H BUT NO	emorrhage from the service of injury in OF INJURY (Home, for	INAL DISEAS Part I or Par	SE CONDITION G	IVEN IN PAR	ONSET W	eeks oths as autopsi reformed?
PART I. DEA Canditions, if a gave rise to i cause (a), stoting lying cause lost. PART II. OTH 20c. ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY Hour a. m.	AS UNDERLYING AS	Gas Thr Pos DITIONS C	troin combos t Nec contribut cribe how	is of control of the	al He Porta Cirrh H BUT NO	emorrhage framework framework in the term	INAL DISEAS Part I or Par	SE CONDITION G	IVEN IN PAR	ONSET ON SET OF	ecks oths as autopsi reformed?
Canditions, if a gave rise to i cause (o), stoting lying cause lost. PART II. OTH 20c. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a. m. p. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER? AND	Thr Pos Diffons C 20b. DESc White of wor	troin combos t Nec contribut cribe how	is of control of the	Al He Porta Cirrh H BUT NO CURRED. (E	emorrhage from the service of the se	Part I or Part I	SE CONDITION G. If I of item 18.] If y or town	IVEN IN PAR	ONSET ON SET ON	ecks ths As autops RFORMED? (Stor
Canditions, if a gave rise to i cause (o), stoting lying cause lost. PART II. OTH 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m. p.m. 21. I certify the	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) AY Month, Doy, Year of (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Thr Pos Diffons 6 20b. DESc While of wor	Troin COMBOS T. Nec CONTRIBUT CRIBE HOW NURY OCC NOT Solve ded the color	is of control of the	Al He Porta Cirrh H BUT NO CURRED. (E	emorrhage from the service of the se	Part I or Part I	E CONDITION G	(4 (29, 19 6	ONSET A	eeks oths ras autops erformed? (Stor
Canditions, if a gave rise to i cause (a), stating lying cause lost. PART II. OTH 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a.m. p.m. 21. I certify the saw the decay.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) AY Month, Doy, Year of (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Thr Pos Diffons 6 20b. DESc While of wor	Troin COMBOS T. Nec CONTRIBUT CRIBE HOW NURY OCC NOT Solve ded the color	is of control of the	Al He Porta Cirrh H BUT NO CURRED. (E	emorrhage from the service of the se	Part I or Part I	E CONDITION G	(4 (29, 19 6	ONSET A	eks oths (State
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Canditions, if a gave rise to i cause (o), stoting lying cause lost. PART II. OTH 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 201. I certify the saw the deceo	AS UNDERLYING AS	Thr Pos Ditions of 20b. DESide of wor 20d. It White of wor 20d. The word of th	Troin COMBOS T. Nec CONTRIBUT CRIBE HOW NURY OCC NOT Solve ded the color	is of lartic (INJURY OCCURRED While Cork Cork Cork Cork Cork Cork Cork Cork	Porta Cirrh BUT NO CURRED. (E Oe. PLACE foctory om.Aug	emorrhage fr 1 Vein OSIS TRELATED TO THE TERM OF INJURY (Home, form, street, office bldg., eh gust 25 15 th accurred \$10 ATTENDING PHYS.	Part I or Part I	se condition G. If II of item 18.] y or town) September the couses of STAFF PHYS. X pical Cer	r20 196	Caunty) Onser W Tr I(o) 19. W P YE Caunty) On that	I) (we) losted above 22b. DATE SIGNE 9/21/
Canditions, if a gave rise to i cause (a), stoting lying cause lost. PART II. OTH 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 201. I certify the saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER OF DEATH MEDICAL EXAMINE	Thr Pos DITIONS C 20b. DESC 20b. DESc ar 20d. It While of wor attended Carpe	troin combos t Nec contribut CRIBE HOW CRIBE HOW Of wo ded the cer29, cer29, cer tag n nter,	is of lartic (INJURY OCCURRED While Cork Cork Cork Cork Cork Cork Cork Cork	al He Porta Cirrh H BUT NO CURRED. (E foctory rom Aug	emorrhage from the second of t	Part I or Part I	se condition G. If II of item 18.] y or town) September the couses of STAFF PHYS. X pical Cer	r20 196 ind on the	Caunty) Onser W Tr I(o) 19. W P YE Caunty) On that	CI) (we) loss ted above 22b. DATE SIGNES 9/21/0)
PART I. DEA Canditions, if a gave rise to i cause (o), stoting lying cause lost. PART II. OTH 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a.m. p.m. 21. I certify the saw the deceo	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER OF DEATH MEDICAL EXAMINE	Thr Pos DITIONS C 20b. DESC 20b. DESc ar 20d. It While of wor attended Carpe	troin combos t Nec contribut CRIBE HOW CRIBE HOW Act to of wo ded the cerr20, c	is of deceased from the Decease	al He Porta Cirrh H BUT NO CURRED. (E foctory. Tom AUS hal deal	emorrhage from the second of t	Part I or Part I	SE CONDITION G. If II of item 18.] y or town) September the causes a STAFF PHYS. X PICAL Cer	r20, 196 ind on the	Onser des d	cho death eks oths (State (State 22b. Date SIGNE 9/21/ onal

DATED 2 6 '60

Cathar & House

may be recorded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board at Health priar to burial, cremation, or removal, and is any event, within 72 haurs after death. TO MOSPI VR A15 (4)

ofter death. Page 4

IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

and 2 should be filed with

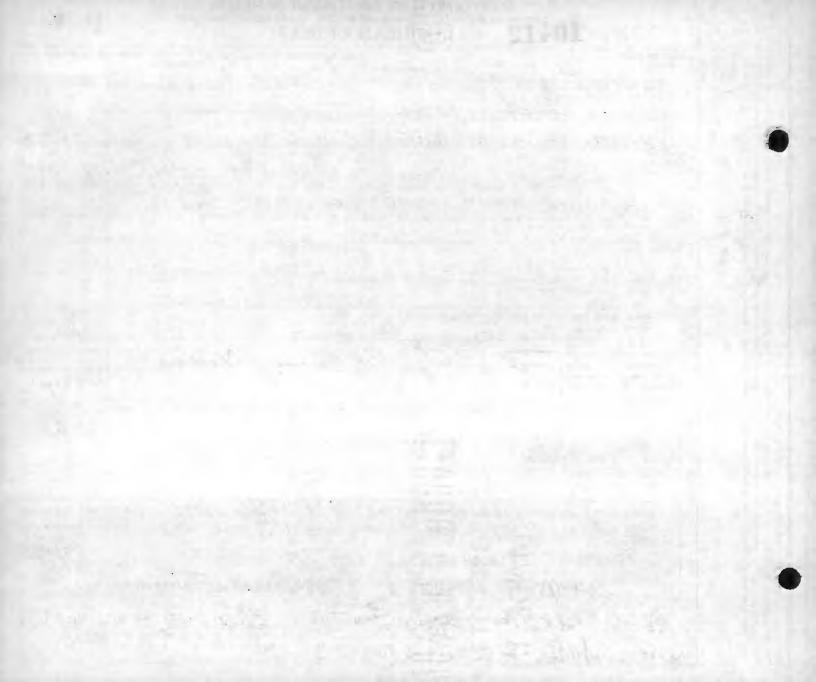
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

ofter death. Page 4

10369

71		V		10412 CERTIFICATE OF DEATH					
Page 4	director ed with	M	1. P	LACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residen o. STATE b. COUNTY b. COUNTY	ce before admission)				
eath.	be fil	0	b	CITY OR TOWN (If outside corporate limits, write c. SENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	give nearest town)				
after d	the fur shauld	075	d	AKOMA PARK DOUGHS JAROMA PARK NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
DUCK	WASHINGTON SANITARIUM & HOSPITAL 14 Strepman City								
n 24 h	Filled i	Ė	C	ype or print) Hugo Faust ambrosi DEATH Juft	29 1960				
within	letely f	D D	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In Acrs IFUNDER Manths Manth	Days Hours Min.				
ecuted	camp	con v	10a.	during mast of warking life, eyen if retired	ZEN OF WHAT COUNTRY?				
be ex	rban		13. F	ATHER'S NAME 14. MOTHER'S MAIDEN NAME 1	1				
cate	ysiciar ave ca			Faust A. Ambrosi amelia Lombar	di				
certifi	ng phy e rema	even.		NAS DECEASED EVER IN Ú. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address 17. INFORMANT Address 18. SOCIAL SECURITY NO. 17. INFORMANT Address 18. SOCIAL SECURITY NO.					
deoth	tendi	gub		18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN				
the	the of	D		MMEDIATE CAUSE (a) Comany Occalusion	Sura				
s tha	d by	VOI,		conditions, it ony, which) with 3rd blegue Pape Currency Bladder					
equire	sit per	remo		gove rise to immediate cause (o), stoting the under: lying couse last.	bdays.				
e law	physicic as beer ial-tran	orlian, o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?				
AN: I	ending icote h the bur	crear -		206. ACCIDENT WAS UNDERLYING 706. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
HYSICI	ar atte	01110	MEDICAL	Hour D. m. While Not while foctory, street, affice bldg., etc.)	County) (State)				
NG P	spital ter thi	rior.	Z	p. m. 19 at work at work 21. I certify that (1) (this haspital) attended the deceased from 9/1/194, to 9/29/194	o, that (I) (we) last				
ENDI	R: Aff	E		saw the deceased alive an 7/29/ 1960, and that death accurred at 12 M, from the causes and an the					
ATT	ECTO be det	of He		220. ACMATURE ATTENDING MED. STAFF PHYS. DIRECTOR STAFF PHYS.	9/29/CO				
Ĉ	DIA	Board		22c. PHYSICIAN'S NAME (Type) HUWARD T. MORSE 22d. ADDRESS DE Tahonia la	ark Mid				
HOSPI	OF B	the State	23a	BURIAL CREMATION, 236 DATE THEREOF, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, John, or colony) BURIAL (Specify) Colons Hants Hants Harp	us Terry W. W.				
	A15 (4)		24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE OCT 3 '60 DATE OCT 3 '60					
15	M 9/59		1						

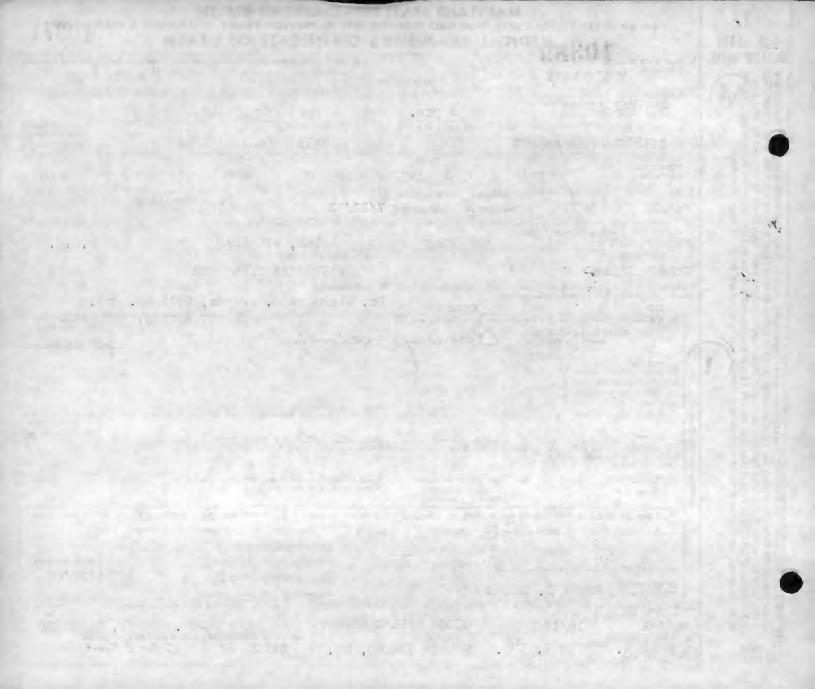


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10460 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10370

Montgomery MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16	a. STATE Maryland b. COUNTY Montgomery							
write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)							
Olnev D.O.A.	Monrovia							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	8. STREET ADDRESS 0. IS RESIDENCE							
Manhanamana Ganamal Warmital	D+ HT YES NO R							
Montgomery General Hospital	Last 4. DATE Month Day Year							
(Type or print)	OF							
Walter Edward	Anderson September 4 19 60 8. Date of Birth 9. AGE 10 years 15 UNDER 1 YEAR 15 UNDER 24 HRS.							
7. MARKIED NEVER MARKIED	last birthday) Months Days Hours Min.							
Jan	3-14-1895 65 m							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY							
Deliveryman Ice	Maryland U.S.AA							
P. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Thomas Anderson	Bessie Washington							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unknown] [(Ifyasgiva warordatasofsarvice)]	INFORMANT Address							
	Hospital Records							
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY:								
	ive Heart Faiture 3 hrs.							
DUE TO								
Conditions, if any, which (b)								
(a), steting the underlying DUE TO								
cause lest, (c)								
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
TY .	YES NO T							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of item 18.)							
PRIMARY OF CONTRIBUTING COURSE OF DEATH.								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata)							
	ctory, street, office bidg., atc.)							
	allan Antonio Di Lanco Di La Contra di Contra							
21. I certify that I took charge of the remains described above, I								
death resulted from: Natural causes K., Accident, Su	cide, Homicide, Undetermined manner							
1 . 1 . 2	CHIEF MEDICAL EXAMINER 9-4-60							
SIGNATURE Sking y V Inschart	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED							
ERAMINEN'S	DEPUTY MEDICAL EXAMINER							
NAME (Type) Frank J. BroschartM.								
22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or country) (Slete)							
Burial 9/6/60 Pleasant	rove Purdum Md.							
23. SUMBRACIDIRECTOR ADDRESS	248. REC'D BY REGISTRAR 245, REGISTRAR'S SIGNATURE							
Ulm L. Molsunth Damascus,	Md. DATE SEP 7 '60 Cittury & House							

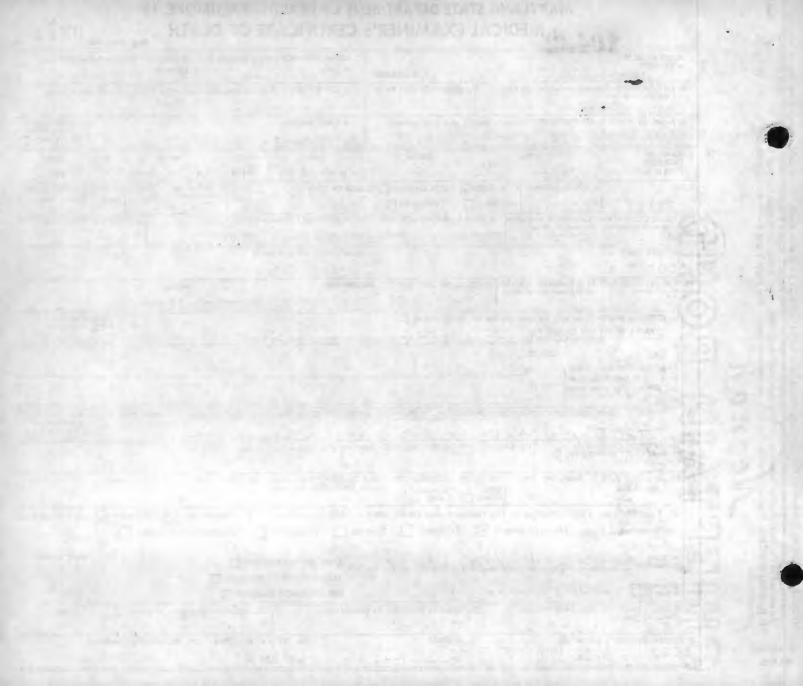
THE BEST MENUTAL STREET HE WEST AND THE STREET MOS GLIBBONS BULLIUS nourshad asmold all grown far least state of the section A Allege people . Auto i CORE TO THE WORLD OF THE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY MONTGOMERY MONT GOMERY MARYTAND MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) director. write RURAL end give neerest town) SILVER SPRING VIS. SILVER SPRING d. STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? 8915 GEORGIA AVENUE 8915 GEORGIA AVENUE YES NO IX retained he State 3. NAME OF Middle 4. DATE You DECEASED (Type or print) BERTHA KATHERINE DEATH ARENDS SEPTEMBER 29 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Monthel Hours FEMALE WIDOWED DIVORCED 1 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOMEMAKER OWN HOME SALEM. MICHIGAN U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CEORGE STAEB KATHERINE FINKBINER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addmss (Yes, no, or unknwn) | (If yes give werardetes of service) Dr. Theodore G. Arends. 8915 Ga. Ave. no none Silver Spring, Marnhavar BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 's Office along a burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) wilde. DUE TO Conditions, if any, which geve rise to immediate couse DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 200. EXTERNAL CAUSE WAS bb. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING MEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f., (City or town) 2De. TIME OF INJURY Month, Dey, Year (State) factory, street, office bldg., etc.) While Not While Hour a.m. el wark et work I DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry X and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER lease execute the should be for the FUNERAL D DATE SIGNED SIGNATURE S 9/29/60 DEPUTY MEDICAL EXAMINER FRANK O. BROSCHART NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) REMOVAL (Specify) CEDAR HILL CEMETERY 240 p BURIAL 10/1/60 PRINCE GEO. COUNTY. MARYLAND 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Cirthun S. Kraus SILVER SPRING. MD. 5M 7/59 DATE



ion, 15	22		MEDICAL EXAMINER	'S CERTIFICATE OF DE	ATH Reg. Dist	. N. (1372
should b	(NA	1.	PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (Where deceased liver	d. If institution: Residence	ce before admission)
	(IA)	1	Montgolery, Marylan	Maryland	Mont	gomery
Page buriol,			c. LENGTH OF STAY IN 18 and give nearest lown)	c. CITY OR TOWN (If outside corporate I	imits, write RURAL and g	give nearest town)
r. f	V		Chevy Chase I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Chevy Chase	- 4	is assumented
prior prior	1	1	6907 Maple Ave., Chevy Chase, Md.	d. STREET ADDRESS	. /	ON A FARM?
delo rol or fi		3.	NAME OF First Middle	Lost 4. DATE	Month	Doy Year
y Sugar			(Type or print) James H.	Barnard DEATH Se	eptember29	1960
for for		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AG	E (In years IF UNDER 1)	TEAR IF UNDER 24 HRS.
The The			Male White WIDOWED DIVORCED	12/26/02	yrs, Months De	ays Hours Min.
death.		100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- juring most of working life, even if relired)	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZI	N OF WHAT COUNTRY
fer and		E	lect. Engineer Bureau of Sta	ndards Wash., D.C.	US	3
30, 2,	1	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
5 m			Montgomery Barnard	Grace Haliday		
Poge Poge		15. [Ye	WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
- A - E			No 467-03-8795	Dorothy W. Barnard	d-Item# 2	
PM3.			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	\ \		INTERVAL BETWEEN ONSET AND DEATH
n 18		в	PART I. DEATH WAS CAUSED BY: Unmary	reclusion		sudden
ten then h fo			DUE TO			
wit wit			Conditions, if any, which) (ii)			
enci ong			gove rise to immediate couse (o), stating the underlying DUE TO			
Stop o			couse last, (c).			
9: 03: 03: 03: 03: 03: 03: 03: 03: 03: 03	43	CATION	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
tiffic 's O	0	3	History of previou earn	rang desen		YES NO NO
per per		CERTIFI	FRIMARI LI OF CONTRIBUTING ZI	Enter nature of injury in Part I or Part II of item	18.)	*
This most		201	CAUSE OF DEATH.	1		
Sho Sho		MEDICA		ACE OF INJURY (Home, form, 20f. (City or tow story, street, office bldg., etc.)	n) (Count	y) (Stale)
the dicc		ME	p. m. 19 of work of work			
Fog Pog			21. I certify that I took charge of the remains described ab	ove, held on Autopsy, Inspect	ian 🕢 , Inquiry	, and find that
hief OR:			death resulted from: Natural causes 🔀, Accident 🔲, Si	ricide 🔲, Homicide 🔲, Undeter	mined cause .	
incate, vo the Chi	0		()			
DIR H	d		SIGNATURE - trend of montact	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
_	. io		EXAMINER'S	ASSISTANT MEDICAL EXAMINER		
DEPUT orwarded FUNERAL	remova	_	NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER		9/29/60
cute the forwarded FUNERAL	ò	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION (C	ity, town, or county)	(State)
5 2 5			Burial 10-3-60 Glenwood	Washing	ton, D.C.	
VS. A15ME(5)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS /Son Wheeler Funeral Home	240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGN	
5M 9/55		1.4	Son Wheeler Funeral Home	Md DATE SEP 3 0 '60	arthur S.	Firaud

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



256 REGISTRAR'S SIGNATURE

Chilling & Kraus

24 FUNERAL DIRECTOR'S SIGNATURE J.Wm. Lee's Sons Co.

M)	10
), PLACE OF DEATH o. COUNTY
	Monte
	b CITY OR TOWN (If

	PLACE OF DEATH				USUAL RESIDENCE (Whe	ere deceased		n: Residence	before odn	nission)	
		gomery	MARYLA	ND	d. STATE Virginia b. COUNTY Alexandria						
	b CITY OR TOWN (IF	outside corporate limits, write	c LENGTH OF STAY IN	16	c. CITY OR TOWN (If au	itside corpor	ote limits, write Ri	JRAL and giv	e nearest to	own)	
	RURAL and give no Bethesda	orest town)	1 Hour		Alexandria		-	27 7		9	
		AL (If not in haspital, give stree	t address)		d. STREET ADDRESS			-	e. IS	RESIDENCE	
		al Center, Bet	hesda 14, Md	•	17 Pratt_St	reet				NO T	
3	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mon	h	Day	Yeor	
	(Type or print)	Ralph	Elmer		Bates	DEATH	Septembe	er	15	1960	
5	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	□ 8 D	ATE OF BIRTH		9. AGE (n years	$\overline{}$		NDER 24 HRS	
	Male	White wipov	VED DIVORCED [_	May 16, 189	4	66 yrs	Months D	lays Hou	ırs Min.	
0o	LSUAL OCCUPATIO	N (Give kind of work done 10)	, KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stole o	or foreign co	ontry)	12 CITIZE	N OF WHA	T COUNTRY?	
	Postal Cle	ing life, even if retired) **K	U.S. Govern	ment	District o	f Col	umbia	U	. S	A .	
3.	FATHER'S NAME			14	. MOTHER'S MAIDEN N	AME					
	Ralph Bate	8			Ella Morris	on					
S	WAS DECEASED EVER	IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO	17. INFOR	MANT The Med	ical	Record Addi	ess			
	No. or unknown) (If yes, give wor or dates of service)	None	The	Clinical Ce	nter.	Bethesda	1 1h. 1	Marvl	and	
=		TH [Enter only one couse per	line for (a), (b), and (c),1						INTERVAL	BETWEEN	
		•	ute pulmonar	v ins	ufficiency				ONSET	Days	
	11.		positioner,	, 100						2-0-	
	105	DUE TO	nchogenic ca	mai na	mo with wid	e enw	end metes	tagig	1	Year	
	Conditions, if an	nmediate (b) BIC	ere atherosc	Terno	is of conta	and d	oronarie	e with		1000	
	cause (a), stating t	ite officer [auto (TOT OTHER TO	S MIO	6004	Year	
z	lying cause lost.	FR SIGNIFICANT CONDITIONS	anterior wa			IAI DICEACI	CONTRIBUTION CO	CALINI DABT 1		-	
CATION	TARI II CIH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATE	BUT NOT	REDATED TO THE TERMIT	AMI DISENSI	CONDITION GIV	EN IN PART	PER	RFORMED?	
Š	20. ACCIDENT	C 10 10 50 10 10 10 10 10 10 10 10 10 10 10 10 10	COURT HOW A CHIEF ACC	110000 45		1 B	11 -6 -1 10 1		YES	→ NO □	
CERT	OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH:	SCRIBE HOW INJURY OCC	UKKED (E	nter noture of injury in r	orr) or rom	II or Hem 16.)				
3	20c. TIME OF INJURY	Month, Day, Year 20d.	INJURY OCCURRED 20		OF INJURY (Home, form,		or town]	(Co	unty}	(State)	
A FID	Hour o.m.	19 While	e Not while	foctory,	street, office bldg., etc.						
Z		t (I) (this haspital) atter		Sente	mber 156	0 .5	entember	7560			
	21 I certify that	(I) (this haspital) after	ided the deceased tr	BIW P OC	1,120	La , .tabl	cpocinos:	1900	, that (I) (we) last	
	saw the decease	ed alivSeptember	12.5 19.00 , and th	nat deat	h accurre d of S.P.	M, from	the causes an	d an the	date stat		
ATTENDING MED STAFF										22b. DATE	
	22c. PHYSICIAN'S	e 1-100	o.ve	M D	+	RECTOR .	PHYS -	Septe	moer	10, 15	
	NAME (Type)	Jamama D Di	ook M D		1.10		cal Cent		- 41	,	
		Jerome B. Blo					tes of H		Bethe	sda, M	
?3c	ARANOVAKISPOCEN	0/19/60	23c. NAME OF CEMETE				ION (City, town, o		(5	State)	
		~ 9/19/60	Ft. Linco	oln (Jem.	Colm	or Hano	r Ma			

300-4th Street N. 250 REC'D BY REGISTRAR DASEP 1 9 '60

may be rek. "ed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit mermit. Then please remave carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho TO HOSPIT,

frer death. Page of

in ay the funeral director, and 2 should be filed with

VR A1S (4) 15M 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 10290 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. STATE a. COUNTY 6 COUNTY MARYLAND MADVI AND MONTGOMERY MONTGOMERY c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STIVER SPRING 10 yrs. SILVER SPRING d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INST TUTION ON A FARM? 9506 Ocala Street Ocala Street YES NO X NAME OF 4. DATE Middle Lost Month Year DECEASED OF DEATH CATHERINE RLTZA BETH BEALL. 19 60 (Type or print) 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T Months 13/76 Days Hours FEMALE DIVORCED T WIDOWEDNIX RIL yrs. 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ass't. Mgr. Gov't. Cafeteria (retired) U.S.A. MARYLAND 18. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARRIETT POOLE RHYNALDO SNYDER 17 INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Mrs. Thelma B. Matthews. 9506 Ocala St. 578-09-7411 Silver Spring, Marylevillerween 18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES TO NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) foctory, street, office bldg., etc. Haur g. m While Nat white at work at work 21 1 certify that (i) (this haspital attended the deceased from, that (1) (we) last saw the deceased alive an. , and that death accurred at LDM, fram the causes and an the date stated above. 220 S GNATURE 22b DATE ATTENDING PHYS MED. ALD. 22c PHYSICIAN'S 22d. ADDRESS 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State) 9/20/60 SALEM METH. CHURCH CEMETERY CEDAR GROVE, MARYLAND 2So REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE SIEVER SPRING. MD.

SEP 21 '60

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OR

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shauld FUILLEREL F



requires that the death certificate



TO HOSPIT.

TO HOSPIT.

May be rehained by the haspiral or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filed with the State Board of Hearth prior to burial, cremation, or remayal, and in any event, within 22 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCE

Н	AND	RECOR	D2 —	BALTIMORE	I, MARYLAND	1/4	3.0	7
i e i	ATE	OF	DE/	HTA		1	13	4

	10%	43	CERTIFI	CATE	OF DEAT	Н			JE (17 &	
1,	PLACE OF DEATH	17.5		2.	USUAL RESIDENCE (Where deceased			sfore admis	sian)
	a. COUNTY MOI	ntgomery	MARYL	AND	o STATE Virgi:	nia	b. COUNTY			ý
	b CITY OR TOWN (If auts		e c LENGTH OF STAY II	N 16	c. CITY OR TOWN (lf outside corpoi	rote limits, write f	RURAL and give	nearest low	n)
	RURAL and give nearest	(Inwis)			Hernd	on				
Г	d. NAME OF HOSPITAL (IF	nat in haspital, give str	et oddress)		d. STREET ADDRESS				e IS RE	SIDENCE A FARM?
	U. S. Naval	Hospital, B	ethesda, Md.	}	Route	#1	járe	A		NO X
3.	NAME OF DECEASED	First	Middle		Last	4. DATE	Mo	nth	Day	Year
	(Type or print)	Grace	Mae	_	BEARD	DEATH	Se	pt.	5th	1960
S.	SEX 6. C	OLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years last birthday)	CONTRACTOR OF THE PARTY OF THE		ER 24 HRS. Min
	Female Car	ucasian WIDO	OWED DIVORCED		5-3 86		74 yes	Months Doy	s Hours	IAMI
10	a USUAL OCCUPATION (Gi during most of working life	ive kind of work done 1	06. KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (Sec	ale or foreign co	untry)	12. CITIZEN	OF WHAT	COUNTRY?
	Teacher		Public School	l.	Virgin	ia		U.S.	Α	
13.	FATHER'S NAME			1	. MOTHER'S MAIDER	N NAME				
	Joseph 1	Beard			M	ary Sie	bert			
	WAS DECEASED EVER IN U	J. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 INFO		rd CTC	U.S	. Naval	Secur	ritv
Į	Jnknown		None	1.000		20.010	Sta	tion, Wa	ish.,	D.C.
			r line far (a), (b), and (c).]	0	0			111	NTERVAL B	ETWEEN
	PART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (o)	Cardiac	fac	ture				12/	low
	260X	DUE TO	2 1 1 -	0	2+					
	Canditions, if any, w		Dealetten	201	ulus					
	gave rise to immed cause (a), stating the ur		0:49		. (7) /	2 7			
_	lying cause last.	(c)_(nolikias	es 7	- pyel	oneph	rus	-		
CATION	PART I OTHER SIG	GNIFICANT CONDITION	NS CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TEI	RMINAL DISEASI	E CONDITION G	VEN IN PART 1 (o) 19 WAS PERF	AUTOPSY ORMED?
									YE S X	¶ NO □
CERTIFI	200. ACCIDENT WAS UN	DERLYING (206. I	DESCRIBE HOW INJURY OC	CURRED (E	nter nature of injury	in Port I or Part	t II of item 18.)			
1 -				00 DIAGE		802 10 1		15		40
MEDICA	Hour o. m.	W	d. INJURY OCCURRED ite Not while	factory	OF INJURY (Home, for , street, office bldg.,	etc.)	or rown)	(Caun	143	(Stote)
M.	p. m	19 at	work at wark		0			7-		
	21 I certify that (I)	(this haspital) attr	ended the deceased f		8-11	12.60ta	9.5	19.60	that (I)	(we) last
	saw the deceased o	slive on 92.	19_60, and (that deal	h accurred at 12	2: DAP FAM	the causes a	nd on the do		
	220 S GNATURE				ATTENDING PHYS.	MED	STAFF _3#	0 = /		SIGNED
П	22c. PHYSICIAN'S	P71111	20119 9	M D	12d ADDRESS	MED DIRECTOR	STAFF PHYS K	9-5-6)0	
L	NAME (Type)	in H. Mazur	LET MC USN	rec va	U. S. N.	AWAT HOS	CDTmAT '	क्रांसाधान देका ।	NITO.	
22	- 4			TERY OR C				BETHESDA		
1	o. BURIAL, CREMATION, 25 REMOVAL (Specify) BUTIAL	3b. DATE THEREOF	23c NAME OF CEME				TION (City town,	.,	(Sto	re)
24	CONFRAL DIRECTOR'S SIG	Service -	ADDRESS ADDRESS	rove	Cemetery	EC'D BY REGIST	ndon PAR 255 REG	Vir	zinia Juki	
7	The state of the s	14 morenece	1000000 -10	Survel	$m \cdot l \cdot $	SEP 9	60	Cillus s.	Traces	
1	reen Funeral	Home, He	rhdon, Virgin	nia_	DATE		1			



CERTIFICATE OF DEATH 10463 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a COUNTY COUNTY MARYLAND b. CITY OR TOWN (If ayfside corporate lynifs write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If-outside corporate limits, write RURAL and give nearest town) RURAL and give nearest Jown) d. NAME OF MOSPITAL (If not in hospital, give street address), OR INSTITUTION d STREET ADDRESS . IS RESIDENCE YES NO NAME OF Middle 4 DATE Lost Month Yeor DECEASED OF DEATH (Type or print) 1960 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys WIDOWED | DIVORCED | papers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) all au corbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME DO VE WAS DECEASED EVER IN U 5 ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] NYERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES IN-NO 20a. ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lown) (County) (Stote) foctory, street, office bldg., etc.) a.m. While Not while of work of work p. m 21. I certify that I attended the deceased from 19/21/hat I last saw the deceased and that death accur M, from the causes and on the date stated above. ADDRESS (Street, city or lown, stgle) DATE SIGNED ACTUAL SIGNATURE should ā PHYSICIAN'S NAME (Type) 3 Poge 3 220 BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Burlal (Specify) 9-6-60 Parklawn Cemeterv Montgomery County 0 23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PU **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR PUMPHREY Bethesda, Md. circhur S. Have VS A15 (4) 1SM 9/55 DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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~	Items 11		272 10-5-60	<u>. t</u>	
1	1. PLACE OF DEATH o COUNTY			ere deceased tived. If institu	itian Residence befare admission)
1	Montgomery	MARYLAND	Maryla	nd b COUNT	Montgomery
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (IF or	itside corporate limits, write	RURAL and give nearest town)
	Chevy Chase		Chevy C	hase	2
	d NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	_	e IS RESIDENCE ON A FARM?
	7107 Pomander Lane		7107 Poma	nder Lane	YES NO DE
	3. NAME OF First DECEASED	Middle	Last	OF	onth Day Yeor
	(Type or print) MARY	E.	BENTZ	DEATH Sept.	. 23, 19 60
			8. DATE OF BIRTH	9 AGE (In year day birthdoy)	Aponths Doyy, Haurs Min.
	Female White WIDOWED		Dec. 29,188	,	
	10a USUAL OCCUPATION (Give kind of work done 10b KIND Of during most of working life, even if retired) Housewite	BUSINESS OR INDUS	wa	or fareign country)	12 CITIZEN OF WHAT COUNTRY?
			Engyana	Illinois	U.S.A.
	13 FATHER'S NAME		14 MOTHER'S MAIDEN N		
	? Turk	- T T T T T T T	Unkno		
	[Yes, no, or unknown) (If yes, give war or dates of service)		FORMANT HUSBE		Barrier and Throm#9
			.Peter J.Be	HLZ	Same as Item#2
1	18 CAUSE OF DEATH [Enter only one couse per line for (o) PART I DEATH WAS CAUSED BY	, (b), and (c)]	In a contract	Videnia a	ONSET AND DEATH
	IMMEDIATE CAUSE (0)	Clas, C	none a	our minu	2 money
	DUE TO	· ·	N colon		1310-1
	Conditions, if any, which gove rise to immediate (b)	momus	01 0000	/	1 year
	cause (o), stating the <u>under-</u> DUE TO lying cause lost.		ν		V
	7 (4)	UTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION O	EIVEN IN PART 1(a) 19 WAS AUTOPSY
	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF DEATH OF CAUSE OF C			7,125,021,021,021,021,021,021,021,021,021,021	PERFORMED?
	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HO	OW INJURY OCCURRE	D (Enter nature of injury in P	art I ar Part II of item 18)	
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY O While Na all work at work at	6	ACE OF INJURY (Home, form, story, street, office bldg, etc.)	20f (City or town)	(County) (State)
	Haur a.m. While Na at work at at	it while too	ciory, sirver, office blug, etc.	1 1 1	
	21 I certify that (I) (this hospital) attended the	deceased fram	Soht 19 19	60 10 Sella	23, 19.60 that (1) (we) last
	saw the deceased alive an South 19 19	112	1 CV 12	M. from the causes of	and on the date stated above
a	220 SIGNATURE		,		22b DATE
/	I homas H. Wildman	r	M D PHYS ME	PHYS _	9-23-60
	22c. PHYSICIAN'S NAME (Type) THOMAS A. WILI	DMAN	22d. ADDRESS	n.srina.	1+h1-11-1 DC
		J. H. S. L.	01211	1000000	or non usa. D
	REMQVAL_(Specify)	AME OF CEMETERY O	R CREMATORY	23d LOCATION (City fown	, or county) (State)
	Burial Sept. 26, 1960	Parklawn	Cemetery	Montgomery	
		Bethesda.	2 4 4 4		GISTRAR'S SIGNATURE
			DATESE	27'60	- hur S. Kraue



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss on) e. COUNTY b. COUNTY Montgomery Maryland Montg. MARYLAND b. CITY OR TOWN (flourside corporate I mits, ector. . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) your do write RURAL and give neerest fown) 10 yrs. Silver Spring Silver Spring

d NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddrass) d. STREET ADDRESS Boar IS RESIDENCE ON A FARM? retained he State E 406 Hinsdale Lane 406 Hinadale Lane YES NOT 3 NAME OF Midd e 4. DATE Month DECEASED Robert Blair 17. 1960 (Type or print) Earl Sept DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 60 Months Hours 3/18/1900 male white WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, evan if retired) retired USA Col. USA P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give permit, File Edw. Thomas Blair Cherry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) along with Virginia Blair (wife) Ttem 2 18. CAUSE OF DEATH JEnter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage IMMEDIATE CAUSE (e) Office DUE TO Fracture of Skull Conditions, if any, which sudden gave rise to immediate cause **DUE TO** (e), sleting the underlying Coronary occlusion PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Itam 18) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing to Chief J Fell down basement steps at home 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Whila Not Whila i 6:00 p.m. 9/17/60 19 al work at work home Silver Spring. Montg. Md. 는 A 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion 둽 slease execute the certific should be forwarded to prince to DIRECTO its designated agent, I death resulted from: Natural causes Accident -Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 9/19/60 EXAMINER'S NAME (Type) Frank J. Broschart Address (Street, city, lown, or county) 22b. DATE THEREOF 220. BURIAL, CREMATION I 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) ATIONAL **D40** URIAL GTON FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE V5, A15ME 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10381

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TO HOSPIT.

MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have may be returned by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in poge 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

Ц	70703		CERTITION	J/ () (
	1. PLACE OF DEATH COUNTY Montgomery		MARYLAI	- 11	USUAL RESIDENCE (Who o. STATE TIllinois		If institution Re	esidence befo	are admission)	/
1	b CITY OR TOWN (If outside corporale limits RURAL and give nearest town)	, wrile	c. LENGTH OF STAY IN	1ь	c CITY OR TOWN (If or	itside corporate limi	ls, write RURAL	and give ne	grest town)	
	Bethesda		97 days		Carmi					
1	d NAME OF HOSPITAL (If not in haspital, give or estitution The Clinical Center.				d STREET ADDRESS 211 State	Ctmant	max }	¥	e. IS RESIDEN	RM?
Ì	3 NAME OF First		Middle	<u> </u>	Losi Losi	4. DATE	Month		av Yeor	
	DECEASED (Type or print) Mart		Christi	ne	Blanton	OF	eptembe	er 11	1 196	60_
I	S SEX 6. COLOR OR RACE	7 MARR	ED NEVER MARRIED	8. D	ATE OF BIRTH	9 AGE	1	INDER 1 YEAR	R IF UNDER 24	4 HRS Min.
-	Female White	WIDOWE	DIVORCED [ugust 6, 19	53 7	угз	Tillia DOYS	110013	THE COLUMN
	10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	one 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State of	or foreign country)	ı	2 CITIZEN O	F WHAT COU	NTRY?
	Student	,	None			nois		U.S	.A.	
V	13 FATHER'S NAME			1	4. MOTHER'S MAIDEN N	AME				
]	Charles Blanton	Salpan			Helen Sawy					
4	TS WAS DECEASED EVER IN U. S. ARMED FORC (Yes no or unknown) (If yes, give wer or dates of ser		SOCIAL SECURITY NO	17, INFO		ical Reco				
1	No		None	The	Clinical Ce	nter, Bet	hesda_l	4, Ma:	ryland	
i	18. CAUSE OF DEATH [Enter only one cou								TERVAL BETWI	
	PART I. DEATH WAS CAUSED BY.	Pseu	domonas sept	ticem	ia			2	2_weeks	
	DUE TO									
	Conditions, if ony, which by Acute lymphatic leukemia							13	3 month	18
	gave rise to immediate DUE TO									
	lying couse lost.) (c).							1		
	PART II. OTHER SIGNIFICANT COND	itions <u>c</u>	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM!	nal disease cond	ITION GIVEN I	N PART 1(0)	PERFORME	OPSY ED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (6	inter noture of injury in P	art Lor Part II of it	em 18.)			
	3 20c. TIME OF INJURY Manth, Doy, Year				OF INJURY (Hame, farm,		1)	(County)	(Stote)
	Haur om 19	While of world	Nat while	racion	, street, affice bldg , etc.	,				
	21 I certify that (I) (this hospital)	attend	ed the deceased fr	omJi	ne 6 19	60, to Sept				
	sow the deceased alive on Sept	AMILLA	TIMP_OV and th	ot dea	th occurred at 12:44	MA From the co	ouses and o	n the dot	e stated at	
	Model	1	prelt	. M.D		D STAF	S 📆		9/11/	60
	22c. PHYSICIAN'S NAME (Type)	/	~		22d. ADDRESS The	Clinical	Center	. Na	tional	
	W. WALTER OF	PRIM	M.D.		Institutes	of Healt	h Beth	esda	II Md.	
	230 BUR AL CREMATION, 236 DATE THEREOF	0	23c NAME OF CEMETE	RY OR C	REMATORY	CARN	ity, town, or co	aunty)	(Stote)	
	24 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	d		BY REGISTRAR	256 REG STRA			
	WW. Chambers Co An	c. 1	400 Chapen	1.1	E. LE DATE SE	P 1 9 '60	Cl Thu	on S. Kun	ued	



TO HOSPITA

VR A1S (4) 1SM 9/S9

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10382

)	PLACE OF DEATH o. COUNTY M	ontgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE West Virginia b. COUNTY							
	B. CITY OR TOWN (IF	outside corporate limits, write	c LENGTH OF STAY IN 16				corporate limits, write RURAL and give nearest town)				
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 2105 Reside Reedie, Drive			d STREET ADDRESS 1510 Dixie Street. S RESIDENCE ON A FARM? YES NO X							
	3 NAME OF DECEASED (Type or print) JOSEPH!		Middle H.	BLOOM'	4. DATE OF DEAT	DATE Month OF DEATH Sept		Day Year 4. 19 60			
	s sex 6 color or race 7 Marr Male White widows		DIVORCED DIVORCED	8 DATE OF BIRTH	1889	9. AGE (in years last birthday) 71 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.			
1	during mast of working	a USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRING Most of working life, even if retired) Junk Dealer: (Ret)									
	JOSEPH BL	3. FATHER'S NAME Joseph Bloom			14. MOTHER'S MAIDEN NAME Minnie Peck						
	IS. WAS DECEASED EVER	²⁵ 04									
	(Tes, no organization)		DixTestreet leston, West Virginia								
	PART DEAT	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony which) (b) Deunali id Quelinoclinos (c) Quelinoclinos (d) Quelinoclinos (e) Quelinoclinos									
	couse (o), stating the lying couse lost.		·					Ma.			
, ,	PART II OTHE	, (c)									
	200. ACC DENT WAS UNDERLYING [] 20 DESCRIBE MOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING [] CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER]										
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Haur a. m. 19 at wark of work 10 at wark 10 twork 10 at wark 10 twork 10 two twork 10 two										
	21 I certify that (I) (this hospital oftended the deceased from 1960, to 1960, to 1960, that (I) (we) last sow the deceased alive an 1960, and that death accurred at 120 M, from the causes and on the date stated above										
1	The contract of the contract o			M.D PHYS DIRECTOR STAFF 9-4-60							
	22c PHYSIC AN'S NAME (Type)	raham W. Danis	h	927 Pershing Dr., Silver Spring, Md.							
	230 BURIAL CREMATION BUTTEL (Specify)	9-6-1960	Mt. Wood Cen	OR CREMATORY	23d LOC	ATION (City town, o	4.0				
	24 FUNERAL DIRECTOR'S		ADDRESS		Sa. REC'D BY REGI	STRAR 256 REGIS	St_Virgi TRAR'S SIGNATUI				
	po hay	1 -de 1 -42	17 9th Street	NoWe. DATE 7 '60 Orthur S. Krays							



the funeral director, should be filed wer Her death Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10383

10444	CLKTITICA	IL OF PLATE					
I. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND		yland b country	tion Residence before Montgot	ore admission) nery		
b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest lawn) Kensington	c LENGTH OF STAY IN 16		outside corporate fimits, write (RURAL and give ne	earest fown)		
d. NAME OF HOSPITAL (If not in hospital give street of NSTITUTION Glenridge Street	eet	d. STREET ADDRESS 4400 Gle	nridge St.		e IS RESIDENCE ON A FARM? YES NO ST		
3 NAME OF DECEASED (Type or print) EDNA	Middle P.	BOHRER	4. DATE MO OF DEATH Sept		1960		
Female 6 COLOR OR RACE 7. MARRI White Widowe		June 12, 1	890 9 AGE (In years lost birthdoy) 70 yrs	Months Dous	R IF UNDER 24 HRS Hours Min		
10a USJA: OCCUPATION (Give kind of work done during most of working life, even if relired) P.B.X.Operator Ap	kind of Business or induspartment Bldg	· ·	or foreign country)	12 CITIZEN C	S.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME				
B. F. Ryan		Maude H	enry				
15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 (Yes. no or unknown) (If yes, give war or dates of service, NO	C	formant Daug nirley B. H	11001	dress Same as	#2.		
PART I. DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate	in for (0), (b), and (c). } vife, the re , in vife and	Hered F	nfarchon	01	TERVAL BETWEEN NSET AND DEATH		
couse (o), stoting the under: DUE TO lying couse lost.	VEN IN PART 1(a) 19 WAS ALTOPSY						
САПС				VEN IN PART I(0)	PERFORMED? YES NO X		
	CRIBE HOW INJURY OCCURRED						
Hour o.m. While	NOT while of work	CE OF INJURY (Home, form lory, street, office bldg, etc	n, 20f. (City or town)	(County	y) (State)		
21 I certify that (I) (this haspital) attends			M, from the causes a		that (I) (we) lost te stated above		
220 SIGNATURE GOLER & LARILEZ M.D. ATTENDING MED DIRECTOR STAFF 9-10							
22c PHYSICIAN'S NAME (Type) Robert Kramer	<u> </u>	22d ADDRESS 170 3	tad were	1 15, h	'dy 35		
Burtal Specify) 9-12-60	Rockville		23d LOCATION (City, lown, Montgomer		(Stole)		
24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY	Bethesda, Me	_		SISTRAR'S SIGNATI			

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate IIIMI billion is signed by the attending physician and campletely filled in by poge 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 2 haurs after death. TO HOSPITA VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hor



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Page 4	director,	led with	1	4
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PHYSICIAM: The law requires that the death certificate be executed within 24 how requires that Page 4	al or attending physician. his certificate has been signed by the attending physician and campiete y filled in by the funeral director,	use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	to buriol, crematian, or remaval, and in any event, within 72 hours after death	_
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certific	syld ph	remov	event, w	
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law re	al or attending physician, his certificate has been s	Etransi	ian, or	
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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, iff institution Residence before admission) a. COUNTY a. STATE **b** COUNTY MARYLAND Montgomery Virginia b CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) 2 Months 27 days Bethesda (Rural) McTean d NAME OF HOSPITAL (If not in hospital, give street oddress) e IS RES DENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION 4314 Oakdale Road YES NO U.S. Naval Hospital NAME OF First Middle 4. DATE Lost Manth Dav Year DECEASED OF DEATH (Type or print) Esther Harris BOODA September 19 60 S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Haurs 68 Caucasian WIDOWED XX DIVORCED | Female 9~20-91 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U.S.A. Pennsylvania Housewi fe 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME William S. HARRIS Emma SANDS IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) Larry BOODA. 4314 Oakdale Rd. McLean.Va. Unknown No CAUSE OF DEATH [Enter only one cause sendine for (a), (b), and (c) is INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underly na couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES XX NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c T ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (State) foctory, street, office bldg., etc.) Hour o.m. Not while While at wark at wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram 6-19-1960 to 9-15-19 60, that (1) (we) last and that death accurred 12:20PM am the causes and an the date stated above. saw the deceased alive an. 220 SIGNATURE SIGNED MED. DIRECTOR STAFF 9-15-60 M D 22c. PHYStCIAN'S 22d. ADDRESS U.S. Naval Hospital, Bethesda, Md. USN 23a BJR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, ar county) (Stote) Removal 9/16/60 Harrisburg, Penna. Paxtang Cemetery ADDRESS 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Orthur & Kinus SEP 2 0 '60

VR A15 (4) 1SM 9/59

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DIRECT

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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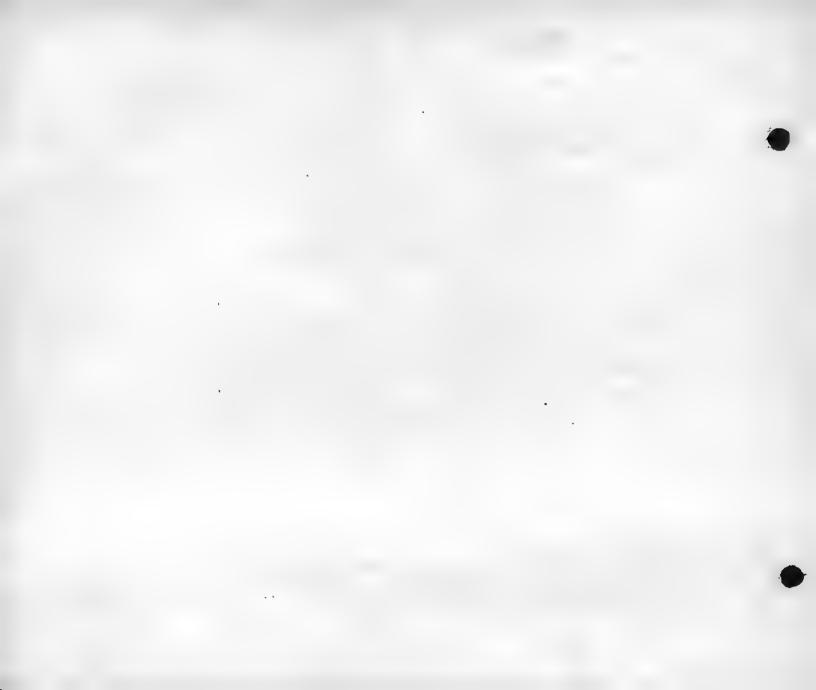
	I. PLACE OF DEATH O. COUNTY ON THE CONTROL OF THE			MARYLAND		2. USUAL RESIDENCE (Where deceased rived. If institution Residence before admission) o. STATE b. COUNTY ARCHANG									
	Ь	b CITY OR TOWNIJF outside corporate limits, write c LENGTH OF STAY IN 18			IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	-	TAKOMA LARK MJ 80AYS				**TAKOMA TAKK									
-	C		AL (If not in haspital, gir	2 .	s)		d STREET ADI	DRESS		(,3,	,	ON	RESIDENCE		
w	Washington DANITANICI & Hospital			7711 GRENWEED ALE YES NO.											
		NAME OF DECEASED (Type or print)	E-15/E		Middle	10	Bow	= NJ	4 DATE OF DEATH	Se/	h 5 †	Doy 75	Year 19 ((
	S. S	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIE	D B	DATE OF BIRTH		9	AGE (In years	FUNDER 1	_			
		-cmale	0 17510	WIDOWED	DIVORCE		-3-19-	96		64 yrs		ays Hou			
	10a	USUAL OCCUPATION	N (Give kind of work de	one 10b KIND	OF BUSINESS O	R INDUST	RY 11. BIRTHPLAC	CE (Stote o	or foreign count	ry)	12, CITIZE	N OF WHA	TCOUNTRY?		
	during most of warking life even if retired)						OHIO			USH					
1	13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME										
		William	Hood				MARIE HUNT								
	15		IN U. S. ARMED FORCE		L SECURITY NO	17 INF	ORMANT			Addr	ess				
	£1116.	- 7U	f yes, give war or dates of ser	vicej		F	tospital	1 R	PCE AND	5					
		18. CAUSE OF DEAT	NH [Enter anly one cou	se per line for ((a), (b), and (c).]						INTERVAL			
	PART DEATH WAS CAUSE OF CESSIVE CONSTRUCTION ROLL FOR SUCCESSION ONSET AND DEATH														
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		gove rise to immediate (b) Dove to probable bostin tumer (63 1625,													
		couse (a), stating the under DUE TO													
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1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES DO NOT THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES DO NOT THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES DO NOT THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES DO NOT THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES DO NOT THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES DO NOT THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?										FORMED?			
	# 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port . or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)														
	S.	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month Day, Year		Not white		CE OF INJURY (He ory, street, office b			lown)	(Co.	unty)	(Stote)		
		21 certify that	(I) (t his-hospital)	attended th	ne deceased	fram	Sopt	7.19	10. 105 c	or 15	1964	2 that (I	1 (we)-fast		
0.		saw the deseas	CI /	1			ath accurred	STA		/					
		220 SIGNATURE	8 PK	> 1			ATTENDING	ME	in.	STAFF			226 DATE SIGNED		
. /		22c. PHYSICIAN'S	1. It	120		М	D PHYS 22d ADDRES	DIE	RECTOR [PHYS.					
		NAME (Type)	John T.	LOR.	Da.	رک	909 1	ers	hina d	Do 5	lver	50.	461		
	2300	REMOVAL (Specify)	VERY - 19-	1960 2	NAME OF CEM	ETERY OR	CREMATORY		23d. POCATION	N (City, town, o	or county)	1/15	tote)		
	24	FUNERAL DIRECTOR'S	SIGNATURE 1	, I'OA	ADDRESS!	11	1	25a REC 1	BY REGISTRAL	2Sh REGIS	TRAR'S SIGN	NATURE	72000		
		X. Britair	Kaller	N) 25	14 Jores	call	del-		EP 1 9 '6	0. 7	Inthun S.	1 - 11			

may be reported by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certif cote has been signed by the attending physician and campietely filled in byoge 3 should be detached far use as the burial-transit permit. Then please remave carbon popers. Pages 1 and the State Board of Health prior to burial, crematian, or remaval, and in any event within 72 hours ofter death. TO HOSPITA VR A1S (4) 1SM 9/59

fter death Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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М	 PLACE OF DEATH COUNTY 			2. USUAL RESIDENCE (Where of	deceased lived. If institutions Residence b. COUNTY	before admission)			
1		Montgomery	MARYLAND		b. COON11				
	B. CITY OR TOWN RURAL and give Silver	N (if outside corporate limits, write negrest town) Dring	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside Washingto	le carporote limits, write RURAL and gr	re nearest town)			
,	OR INSTITUTIO	SPITAL (If not in hospital, give strong on dear dear dear dear dear dear dear dear		d. STREET ADDRESS 3335 Quesada St. N. W. "IS RESIDENCE ON A FARM? YES NO IN NO I					
	3 NAME OF DECEASED (Type or print)	LOTTIE	Middle		DATE Month OF Sentembe				
	s. sex Female	6. COLOR OR RACE 7 N	MARRIED NEVER MARRIED DIVORCED DIVORCED	oct.10,1876	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF JINDER 24 HRS. lays Haurs Min.			
Ì	10a. USJA. OCCUPA during most of v	ATION (Give kind of work done varking life, even if retired)		JSTRY 11. BIRTHPLACE (Stale or fo	preign country) 12 CITIZ	EN OF WHAT COUNTRY?			
1	HOUSEW 13. FATHER'S NAME	.1 6		Washington 14. MOTHER'S MAIDEN NAME	<u>La lia</u> I U	. S. A.			
	James (Carter		Mary McEve	o ∀				
1		EVER IN U. S. ARMED FORCES? (If yes, give war or doles of service)		NFORMANT	Address W&S.	h. D. C.			
Į	no		noneT	nomas A. Bradf	Cord-3335 Quesa	da St.N.W.			
1	1B. CAUSE OF	DEATH [Enter only one cause p	er line for (a) (b) and (c).]		>	INTERVAL BETWEEN			
П	PART I DEATH WAS CAUSED BY: Acute Debilitation								
П	- 4	DUE TO							
1	Conditions if any, which) Acute Peritonitis								
	gave rise to immediate Ducto								
-	lying couse la	48 hrs							
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO								
	(IF EITHER, NOT	WAS UNDERLYING 206.	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part	t or Port II of item 18.)				
	ZOc. TIME OF IN	m. 10 W		LACE OF INJURY (Hame, farm, 2 actory, street, affice bldg., etc.)	20f. (City or town) (Co	sunty) (State)			
	21. 1 certify that (I) (this haspital) attended the deceased fram August . 159, to Sep 23, 19 60 that (I) (we) last								
ļ	saw the deceased give an Bept 23 1960, and that death accurred atM, from the causes and an the date stated above.								
	220 5 GNATURE 10:20pm ATTENDING MED. STAFF SIGNED SIGNED PHYS DIRECTOR PHYS STAFF SIGNED SIGNED SIGNED SIGNED PHYS DIRECTOR PHYS DIRECTOR								
	22¢ PHYSICIAN NAME (Typ	'S e)		22d ADDRESS					
-			Thibadeau, M.		ncord St., Kens				
	PREMOVAL (Spectary 18 L		960 Rock Cr		H. LOCATION (City tawn, or county)	(State)			
	Washington, D	NATURE							
	The S. I	_	Washington, I						
i i									



10387 **CERTIFICATE OF DEATH** 10394 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY COUNTY MARYLAND Montaomery b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Washington d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM Columbia Rd HW edarcrost Suntanum + Hospital YES NO NAME OF Middle 4. DATE OF DEATH Month Year Brinton (Type or print) 1960 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS M. Months WIDOWED DO DIVORCED [7 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Pennsylvania tederal Gov, Auditor for Internal 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Imknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Nephew Address Chevy Chase. Mc 17. INFORMANT NO unknown) C. M. Bloodgood-6635 Hillendale Rd. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: espirator 12 KZS MAMEDIATE CAUSE (a) DUE TO rterioscloració Conditions, if only, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🗖 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Nat while at work p. m. 21. I certify that I attended the deceased from Dec. 30, 1958 to , and that death accurred at #: #SM, fram the causes and an the date stated above. alive on ACTUAL SIGNATURE PHYSICIAN'S acca NAME (Type) 220 BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) En #89Ybffeyyt Ft. Lincoln Cemeterv Prince George 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Bethesda, Maryland Robert A. Pumphrey '60 Corthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11141 director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased tived. If institution: Residence before admission) o. COUNTY filed filed a. STATE b. COUNTY MARYLAND funerol b CITY OR TOWN (if buside carporate timits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown) 쾰 Т d NAME OF HOSPIT d. STREET ADDRESS puo .5 NAME OF 4. DATE Middle Ferst Month filled DECEASED DEATH (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH MARRIED NEVER MARRIED lost Manths DIVORCED | WIDOWED yrs 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (State or foreign country) during regat at working life, even if retired) 13. FATHER'S NAME physicio 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address attending 18. CAUSE OF DEATH [Enter only one cause per tine far (a), (b), and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 50 **DUE TO** ģ permit. 70 Canditions, if any, Which igned gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 1-10 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of item 1B) SI 20e. PLACE OF INJURY (Home form, 20f. (City or tawn) 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour a m Wh.le Not white at work moy be refored by the hospital of Puneral Director: After this page 3 should be detective the State Puneral by the Puneral by the State Puneral by the State Puneral by the Puner at wark p. m. 19 60 that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased fram.... saw the deceased alive an 19 60, and that death accurred at 7. M, from the causes and an the date stated above 220. SIGNATURE ATTENDING M D PHYS. DIRECTOR -22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23g, NAME 236 DATE THEREOF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23d LOCATION (City, tawn, or county REMOVAL (Specify) 0 266, REGISTRAR'S SIGNATURE ACORESS PUNERAL MIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 26

LAND STATE DEPARTMENT OF HEALTH

e IS RESIDENCE

Day

Days

(Caunty)

ON A FARM? YES 🔲 NO 🔼

Year

19

INTERVAL BETWEEN OMSET AND DEATH

WAS AUTOPSY

(State)

22h, DATE SIGNED

PERFORMED? YES 🔲 NO 🖸

death,

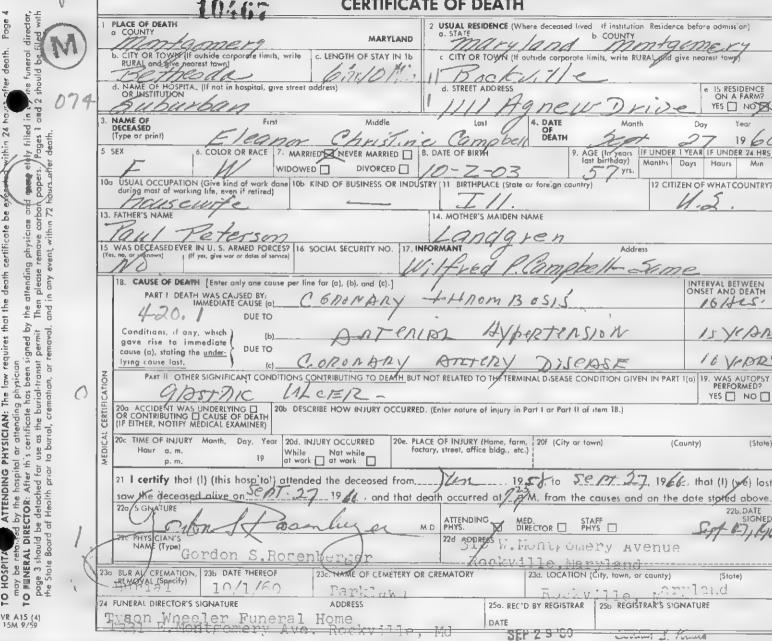
15M 9/59



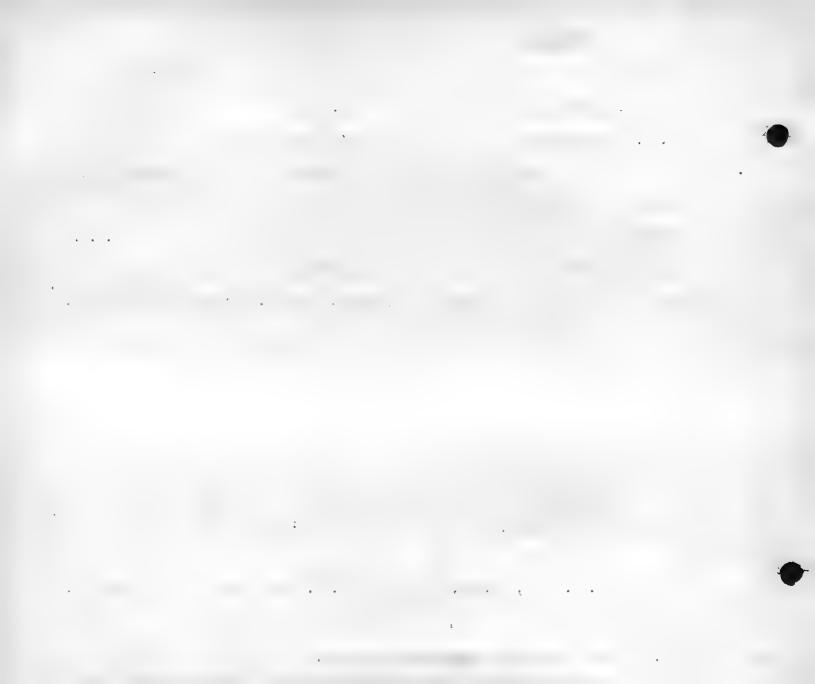




DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND ERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived I institution. Residence before admission) D. STATE **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town d. STREET ADDRESS







MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARTI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e, STATE **b.** COUNTY MARYLAND e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neadest town) e. IS RESIDENCE ON A FARM? YES NO VE 3. NAME OF Middle DECEASED OF (Type or print) DEATH AGE (In yelles IF UNDER 1 YEAR last birthdey) Months Devs 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED WIDOWED [DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pages FATHER'S NAME 14. MOTHER'S MAIDEN NAME U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, 1/o, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil Office ∎lo IMMEDIATE CAUSE (a) DUE TO Condillons, if any, which gava rise to immadiate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While _Not While Hour a.m. at work at work prior 0.25 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry 1 and in my opinion forwarded to DIRECTO Natural causes V death resulted from. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S should FUNE DEPU. NAME (Type) Address (Streat, city, town, or county) 9999 228, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) Lincoln Crematory | Prince D40 Georges Md 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME S.H. Hines Cirthur S. Thous 5M 7/59

STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 10470 Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY b. COUNTY MONTGOMERY MARYLAND Marvland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) WHERATION Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 10707 Jamaica Drive YES NO 1190L CHARLES ROAD NAME OF Middle 4. DATE Month Yeor DECEASED OF DEATH (Type or print) TENNIE CHIPOURAS q 19 60 6. COLOR OR RACE 5. SEX 7. MARRIED KNEVER MARRIED 8 DATE OF BIRTH 9. AGE (in years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED | DIVORCED [PEMALE WHTTP 100. USUAL OCCUPATION [Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? Housewill & Greece Greece 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sam Zeavras Staseni (unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 'nö Angelo Chipouras-10707 Jamaica Drive none 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PAM 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIGHT PERFORMED? YES 🔲 NO 😿 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) D. ID. While Not while of work ol work 1960 that I lost sow the deceased 21. I cortify, that I oftended the deceased from olive on___ and that death occurred at M. A.M. from the couses and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Washington D. C. Abe Blajwas PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slole) REMOVAL (Specify) Glenwood Cemetery Washington. D. C. 23 FUNERAL DIRECTOR'S SIGNATURE Burial 24g REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE SEP 2 0 '60 The S. H. Hines Co. Washington, D. C. O-thur & Herris

FUNER/

VS A 15 (4)

15M 10/57

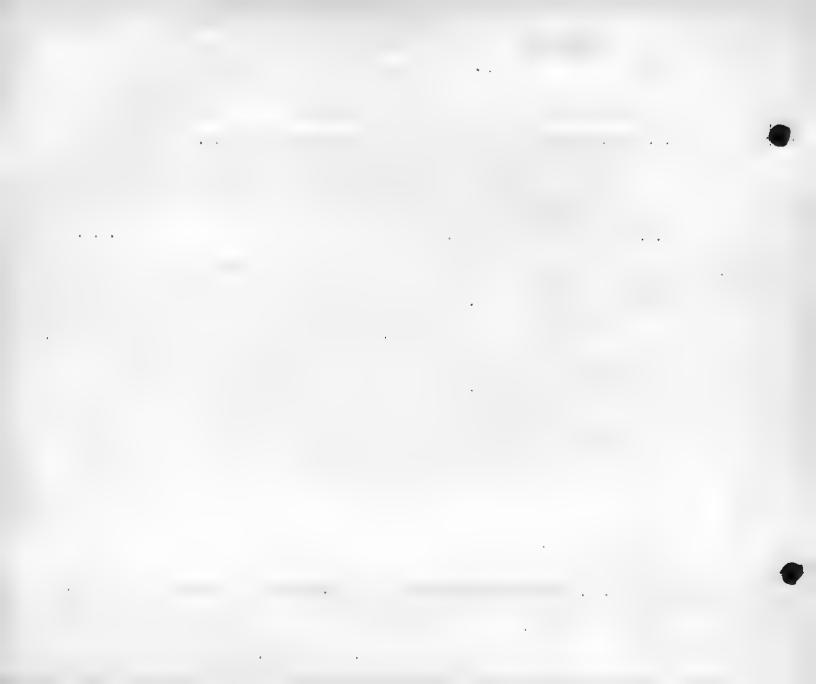


ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 has

TO HOSPITAL

Zfter death. Page 4

		LACE OF DEATH			MA	RYLAND		SUAL RESIDENCE (Who state)		F COUNTY		ice before ad	lmission)	
	<u> </u>	Montgome CITY OR TOWN (E.Y. If outside corporate timi	ts, write	c. LENGTH OF STA	AY IN 1b	_	c. CITY OR TOWN (IF o			RURAL ond	give nearest	town]	
		RURAL ond give no	eorest town)		18 day						4	¥		
		Bethesda I. NAME OF HOSPIT	[RUFAL] [AL (If not in haspitol, g	ive street		5		ashington			-	a IS	RESIDENCE	
1	ľ	OR INSTITUTION		,,,,,	0-0.007				G) 0	N A FARM?	
-			l Hospital				}	2245 48th				10		
	0	NAME OF DECEASED Type or print)	Fir Ge	orge	Midd Edw			CLARK	4. DATE OF DEATH		nth tember	Doy 19	19 60	
	5. 5	EX	6. COLOR OR RACE	160		RIFO D	8 DA	TE OF BIRTH	!	9 AGE (In years	IF UNDER	1 YEAR IF U	INDER 24 HRS	
	_ M	ale	Caucasian		0.4	CED 🗆	נ	-6-94		last birthday) 66 yrs		Days Ho	ours Min	
	100	USUAL OCCUPATION		done 10b		OR INDUS	TRY	11 BIRTHPLACE (State	or foreign c	ountry}	12 CIT	IZEN OF WH	AT COUNTRY	
		U.S. Nav		'	U.S. N	avy		Virgin	ia		U.S.A.			
1	13. (FATHER'S NAME					14	MOTHER'S MAIDEN N	IAME					
		William C	LARK					Catherin	e FARI	RELL				
/	15	WAS DECEASED EVE	R IN U S ARMED FOR	CES? 16.	SOCIAL SECURITY I	NO 17 IN	FOR	TMAN		Ad	dress			
	1103		(II yes, give wor or doles of I	ervicii)	None	Mr	s.	Marjorie S	G. CLA	RK, Same	as 2	d		
			ATH [Enter only one co	use per li	ne far (a), jb), and	(c).]		a 20		0.			AND DEATH	
		PART I DEATH WAS CAUSED BY IN Jane Fine as Miscolar Color												
		DUE TO ()												
	Н	Conditions, if ony, which) (b) (CECailling CECTive of												
		gave rise to immediate DUSTO												
		lying cause last (c) Acte 200 2000 Con Con at Tale 1											<u> </u>	
	Z O	PAN II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED?												
	CAT		. LCE 17. 3	FLCC.	The fre	1.2/4		CARENICE	,		YES NO T			
>	CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRE). (Er	fer nature of injury in I	Port I or Por	t II of item 18)				
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)	,	in the s									
	MEDICAL		RY Month, Day, Ye			20e. PL/	ACE (OF INJURY (Home, form	, 20f (Cit	or town)	(County)	(State	
	MED	Ноиго т	19	While of wor	Not while	100	.ioiy,	street, office bldg., etc	1					
	1 1		at (I) (this bosnita	\ attend	ted the decense	ad from	q	-1- , 19	60 10	9-19-	10	60 that (Il Iwal los	
		and the			-			and the same of th						
	saw the deceased alive an 9-19-19.60, and that death accurred at 6: 28 Alton the causes and an the date state										22b DATE			
Vacility of post of the								M.D. PHYS. XXI DIRECTOR STAFF 9-19-60						
)	Ы	220 PHYSICIAN'S	A. C.	7111	- Cocon		V1. D.	22d. ADDRESS	KECTOK L	11113		7 00		
	I	NAME (Type)	E. STITCH	ER.	T.T. MC. US	SN		U.S. Nava	l Hos	pital, B	ethes	da, Md		
Z	230	BURIAL CREMATIC			23c NAME OF C		R CRI		_ ~~ ~	TION (City, town,				
	1	REMOVAL (Specify)	9-22-6	C	Arling					ngton. V			,,	
		FUNERAL DIRECTOR		1	ADDRESS					TRAR 256 REG				
A SECOND				ns I		Ave	N	W., WashwD.				2 8 Fra	us	
	_/	ocochi de	ATOT D OF DO	12091	1 / I CIIIIC	474000	a FA	n . J noupum D. C	/ 6					



after death

event, within 72

in any

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

10397

CERTIFICATE OF DEATH 10/20

⊢													
1	PLACE OF DEATH				2. USUAL RESIDENCE (Who	ere decease		an: Resider	nce befor	re admyss	ion)		
Montgomery					District of Columbia 6. COUNTY								
Г	b CITY OR TOWN (If autside corporate lim RURAL and give nearest lown)	c LENGTH OF STAY	IN 1b	c CITY OR TOWN (If or	tside carpo	orate limits, write RI	URAL ond	Sixe uec	e nearest town)				
	Bethesda	15 days		Washington			4 8	梦					
	d NAME OF HOSPITAL (If not in hospital,			d STREET ADDRESS					e IS RES				
	The Clinical Center,	Beth	esda 11. Mo	1.	103 Missouri	Aven	ue, N.W.				NO 🔼		
3	NAME OF FREE PROPERTY OF THE P	rst	Middle		Last	4. DATE	Mon	th	Da	у	Yeor		
	(Type or print) Ru	th	Mary	7	Clayton	DEATH	Septembe	r	28		19 60		
S	SEX 6. COLOR OR RACE	7 MARE	RIED NEVER MARRIE		B DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER					
	Female White	WIDOW	ED DIVORCE	D 📆	May 14, 1924		36 yrs	Months	Days	Hours	Min		
10	a. USJAL OCCUPATION (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUS		or foreign c	ountry)	12 CIT	ZENOF	WHATC	OUNTRY"		
1	Restaurant Mgr. Restaurant West Virginia U.								U.S	.S.A.			
13	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME							
Willie D. Warfe Ora Brady 15 WAS DECEASEDEVER IN J. 5. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT The Medical Record Address [15 WAS DECEASEDEVER IN J. 5. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT The Medical Record Address													
Ι,	No	24	0-22-5476	The	And the second s			14.	Mar	vlan	d		
F	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]										TWEEN		
П	PART. DEATH WAS CAUSED BY. Widely disseminated carcinoma of the breast.										MONTHS		
	DUE TO												
	Conditions if now which t												
	gove rise to immediate												
	cause (a), stating the under. DUE TO												
Z	lying couse lost.) (c) (c) PARTH BLY NOT RELATED TO THE TERM OF THE CONTRIBUTION CONTRIBUTION OF THE TERM OF THE TERM OF THE CONTRIBUTION OF THE TERM OF THE TERM OF THE CONTRIBUTION OF THE TERM OF												
18	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?												
	Bronchopneumonia YES I NO [
L CERTIFICATION													
MEDICAL	20c. TIME OF INJURY Manth, Doy, You Haur a.m. p. m. 19	While of wor	NJURY OCCURRED Not while t at work		ICE OF INJURY (Home, form, tory, street, office bldg., etc.		y of tawn)	(County		(Stote		
	21 I certify that (I) (this haspita	l) attend	ded the deceased	fram S	September 13 19	60 to 3	September	289.6	50, th	at (I) (we) las		

28 19 60, and that death accurred at 9:44, from the causes and an the date stated above saw the deceased alive an 22b. DATE 29/60 SIGNED

ATTENDING PHYS MED. M.D 22d. ADDRESS The 22c PHYSICIAN'S Clinical Center, National

Leo Stolbach. M.D. Institutes of Health Bethesda 11. Md. 23d BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county)

256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR

VR A15 (4) 1SM 9/59



Laytonsville. Md.

. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

mans

PERFORMED? YES NO A

(County)

24b, REGISTRAR'S SIGNATURE

Onthun & Hears

240. REC'D BY REGISTRAR DATE SEP 1 9 '60 (State)

DATE SIGNED

9/14/60

(Stote)

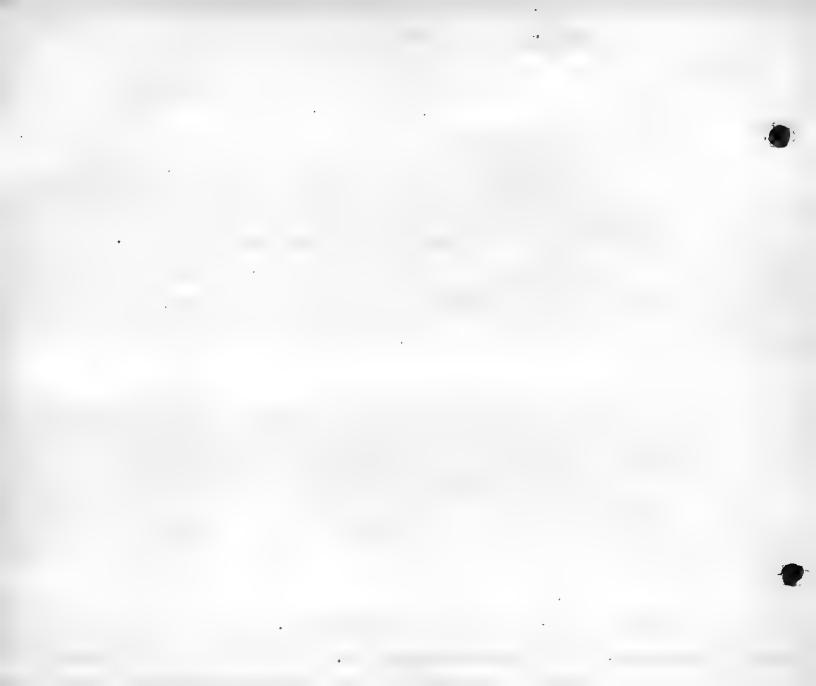
14

ON A FARM? YES [] NO [X

Year

19 60

9 VS A15 (4) 15M 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 10474 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived It institution. Residence before admission) a COUNTY Massachusetts **b** COUNTY MARYLAND Montgomery CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and a ve nearest town) 2 Bethesda 20 days Boston d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? The Clinical Center. Bethesda 14. Md. 315 Commonwealth Avenue YES NO IX c Middle DECEASED (Type or print) Sarah Dallow 1060 Cornish DEATH September 20 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Female White WIDOWED [DIVORCED TO January 19. 1895 10a USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY pod duting most of working life, even if retired) Education School Teacher New York U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George L. Hill Franklina Hannahs 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT The Medical Record Address No The Clinical Center, Bethesda 14, Maryland 030-20-65/19 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN 10 hours PART I DEATH WAS CAUSED BY. Postoperative hemorrhage 65 years Atrial Septal Defect Conditions, If any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES TO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City or fown) 20d INJURY OCCURRED (County) (State) Hour a.m. factory, street, office bldg . etc.) at work at work 21. I certify that I oftended the deceased from August 31 , 1960, to September 201960 that I lost saw the deceased . and that death accurred at 1:00P M, from the causes and on the date stated above. . 19 60 ADDRESS (Street, city or town, state) DATE SIGNED The Clinical Center P National Institutes of Heal th shoul Benson R. Wilcox. M.D. NAME (Type) Bethesda 14. Maryland 573 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) page Cremation Cedar Hill Crematory Suitland. Maryland 23 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) Maryland DATE SEP 3 0 '60 Chilhun & Krous Paraphrev Bethesda 15M 10/57



15M 10/57



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH HFAITH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY Montgomery Maryland Montg. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) 2 hrs Poolsville Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO retained he State I track 3. NAME OF Middle 1 4. DATE Month Last Year DECEASED OF (Type or print) DEATH Sept 8 19 60 Charles Craven after with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2, and 5 may nd 2 w last birthdey) Months | Days House hin 24 hours ah.
Give Pages 1, 2, an
M3. Page 5 p WIDOWED [DIVORCED male col 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA laborer 3. FATHER S NAME 14. MOTHER S MAIDEN NAME Lilly I. Driver Mathew Craven event WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give we ror detes of service) s should be executed wings in pencil in Item 18 r's Office along with test a buriel-transit permit, 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: and Cerebral hemorrhage & laceration IMMEDIATE CAUSE (a) sudden DUE TO crushed skull (skull practically decapated) "pending" i caminer's Oused as a b geve rise to Immediate cause DUE TO Examiner's (e), steting the underlying used ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO т 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part II or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Reported walking along R R togo to mens room when struck by train e 3 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, (County) the C Page 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or lown) (Slala) While Not While fectory, street, office bldg., etc.) MEDI /9/60 Kensington Montg. 9:00 at work el work BZORR Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | . 20 Inquiry and in my opinion forwarded to DIRECTO death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER IN RESERVED. DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER ... 9/8/60 EXAMINER'S NAME (Type) . Broschart Address (Street, city, lown, or county) Frank 220. BURIAL, CREMATION. | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelle) REMOVAL (Specify) b <u>0</u>40 Seneca, Buriel Seneca, 240. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNANTED 23. FUNERAL DIRECTOR ADDRESS SEP 1 3 '60 VS. A15ME Rockville, Md. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 1029£

10402

22.077.070	1010								
1. PLACE OF DEATH a. COUNTY MONTGONERY MARYLA	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE MA 'YI AND b. COUNTY MONTGOMERY								
b. CITY OR TOWN (If outside corporate rimits, write RURAL and give nearest town) SILVER SPRING c. LENGTH OF STAY IN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FAIRLAND								
d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 11,943 CLARIDGE ROAD	d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO								
3. NAME OF First Middle DECEASED (Type or print) ELIEN JENNIE	Last 4. DATE Month Day Year OF DEATH SEPT 25 1960								
S. SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED. FEMALE WHITE WIDOWED DIVORCED	B DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.								
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) CLUBER GAO (retired) U. S. Governm	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY								
ORIN J. CUMMINGS	14 MOTHER'S MAIDEN NAME ADELADE CASE								
(Yes, 60, or unknown) a fif was given were or dates of service)	17. INFORMANT rs. Allen R. Collier, 11,943 Claridge Road								
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	Factive Sprin interval Between ONSET AND DEATH 12 Su:								
Conditions, if any, which gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> [b] (b) (b) (c)	Eur Hoard Disease 124Pac.								
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO N								
	CURRED. (Enter nature of injury in Port I ar Port II of item 18)								
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20 Hour o m While Not while of work of work of work	9e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State factory, street, affice bldg , etc.)								
21. I certify that (1) (this hospital) attended the deceased from 1600 of . 1940, to 450, that (1) (we) lost saw the deceased alive on 1600 of 1940, and that death occurred at 3.4 M, from the causes and on the date stated above.									
220. SIGNATURE BUCHARA MIK	ATTENDING MED STAFF 9/26/60								
22c. PHYSICIAN'S NAME (Type) WITLIAM B. WARDYOP	800 PERSUING DRIVE, SILVER SPRING, MD.								
230 BURIAL CREMATION. 236. DATE THEREOF 23c NAME OF CEMETI PLATE PROCK CRREK									
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE								

DATE SEP 2 9 '60

Orthog & Kinns

efter death. Page 4,

Within 24 hor tely filled in

ecute.

ATTENDING PHYSICIAN: The law requires that the death certificate be

ely filled in Oxfae funeral director. Pages I and 2 shauld be filed with



TOD STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TUR TIME	10499 WEDICAL EXAMINER'S CERTIFICATE OF DEATH
IICALIIL DEFI.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY
8 % R	- Menthoners Maryland Met Monty:
S SEE	b. CITY OR TOWN (If culside corporate limits, write RURAL and give learest lown) write RURAL and give learest lown)
S TO SECTION OF THE S	Rockerelle D.O.A. Richards - Kandalix Hills
1 (C)	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MONOGAHELA ON A FARM?
1000	11515 MARKHOWN PORNACE DAT RANGEL HER 11503 BANGKING WAY LA YES NO DE
Stair Startest	3. NAME OF Last 4. DATE Month Day Year OF
the the	(Type or print) Muchael Joseph Danather DEATH 1/1/2 /3 1960
asth Strain Strain Stra	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 B. DATE OF BIRTH 9. ACT (In Cars IF UNDER 14 HRS.
and and 2 v 2 v ours	male when widowed Divorced 9-1- Go Vis. Months Days Hours Min.
affe 7.2, 1.2, 1.2, 2.h	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
Page 1 7 ni 7	- md an-5.Ca
Pag W3.	13. FATHER'S NAME
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Geral Langton Caroline Horman
音気でする)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyes give were relates of service)
DEFE	NO NONE . G. J. Danaher (father) Ilim 2
Ping w	18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
icil i	IMMEDIATE CAUSE (a) Classify & Small disp
d be d ben ice isl-t	in crit
por jour	Conditions, if any, which (b) Wiffer Respecting Destruction
100 SE 0 S	(a), stelling the underlying DUE TO
fical min ed (cause last. (c)
d "p Exa e us e us	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? YES NO
his of work work work work work work work work	
And And In a	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.)
NE 3 S	
Ch Ch to to	Hour a.m. While Not While tectory, street, office bidg., etc.)
ior Pro	
Tipe of the state	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
Control de	death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner .
da d	ACTUAL TO C. BOOK A ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
Se supra	SIGNATURE MD. ASSISTANT M.D. ASSISTANT MEDICAL CAMBRILLY
d be be signed	EXAMINER'S FLANK J. BLOSCHED DEPUTY MEDICAL EXAMINER & 9-13-60 Address (Street, city, town, or county)
DEP shoul FUN its d	226. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, town, or country) (State)
D 2 4 0 9	BIRIAL 9/14/60 GATF OF HEAVEN CEMETERY MONTGOMERY COUNTY, MARYLAND
H H	23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59)	WARNER E. PUMPHREY INC. SILVER SPRING, MD. DATE SEP 1 6'60 Atlan & Klaus
Mary	- Linguistant Control of the Control

MARYLAND STATE DEPARTMENT OF HEALTH



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DIRECTOR.

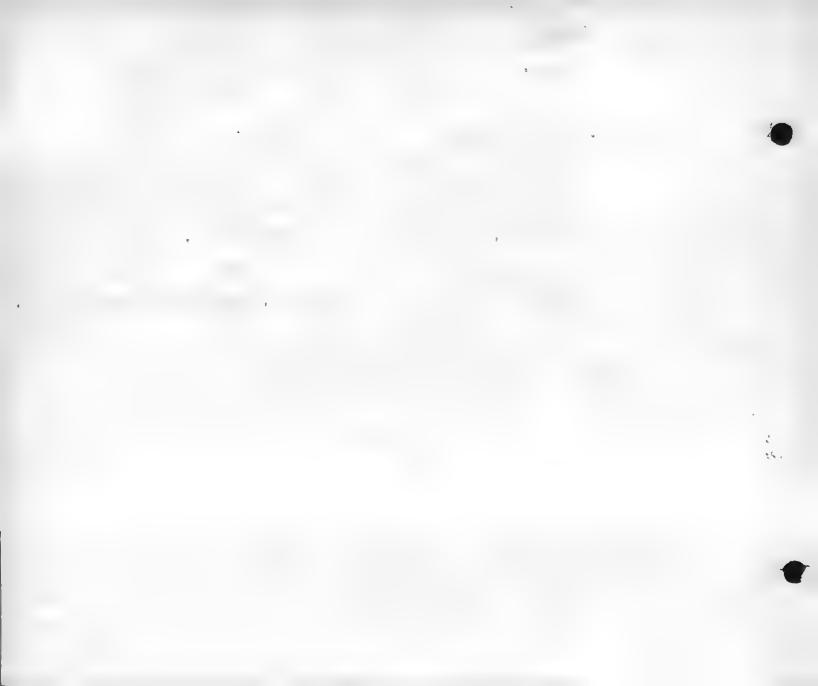
may be retained FUNERAL DIR page 3 should b

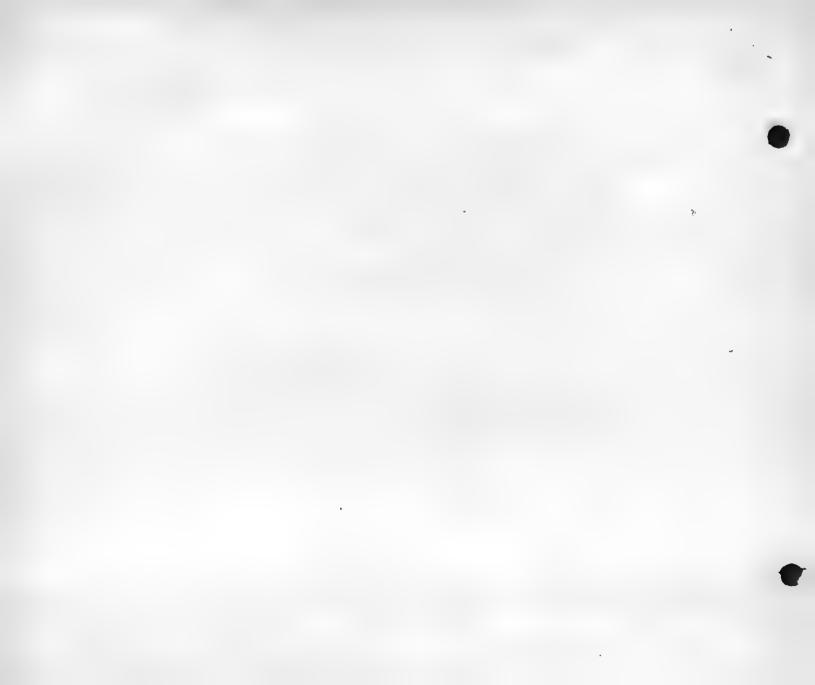
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VS A15 (4)

15M 9/5B

law requires that the death certificate be executed within





Division of STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) or your files. a. COUNTY a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limit c LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give hearest town) write RURAL and give nearest town) To d. NAME OF HO PITAL OR INSTITUTION (if not in hospital, give greet addrass) d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO TO 3. NAME OF First M ddle 4. DATE Month DECEASED OF (Type or print) DEATH 19 60 19, AGE (In Maars | IF UNDER I YEAR; IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRED last birt day) Months Days Hours WIDOWED [DIVORCED YES. IDa. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) 13. FATHER'S NAME (MOTHER'S MAIDEN NAME Nay 10. 15. WAS DECEASED EVER WOULS, ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. {Yas, no, or unkown} | (Ifyet ivawar or dataso) service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Office along v Office along v a burial-transit r INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Zulle **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART I OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY NO K 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. age . buri MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Hour a.m. Whila Not While at work at work Inspection K 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry K. and in my opinion O ease execute the certific should be forwarded the FUNERAL DIRECTOR Suicide death resulted from: Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER base exe NAME (Type) Address (Street, city, fown, or county) 22a. BURIAL, CREMATION. 22b. DATE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 0 24a. REC'D BY REGISTRAR \$\frac{1}{24b}\$. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur S. Thrus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 1 (1) TIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10407

PLACE OF DEATH O COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE PENNS	SYLVANIA 6 COUNTY	ran Residence befare admission) t
b. CITY OR TOWN (If outside corporate limits, wri	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	iutside c orporate limits, write l	RURAL and give nearest town)
RURAL and give recorest lown) SILVER SPRING	2 months	PHIL	DELPHIA	
d NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
8716 BRADFOR	D ROAD	6121 WASHING	GTON AVENUE	YES NO X
3. NAME OF First DECEASED (Type or print) EDMUND	Middle CARHART DILLON	Last	4. DATE Mo OF DEATH SEPT	/
S. SEX 6 COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years last birthday)	
MALE WHITE WIDE	OWED 🔀 DIVORCED 🗀	7/2/77	83 yrs	
Oa USUA, OCCUPATION (Give kind of work done I during most of working life, even if retired)	06 KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	ar fareign country)	12 CITIZEN OF WHAT COUNTRY
Meter shopman (retired)	Bureau of Water	PENNSYLVA	ANIA	U.S.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN N	NAME	
JAMES DILLON		ELLEN CA	ARHART	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) { [If yes, give wor or dates of service]		FORMANT B. Peter Kell	8716 Bradfor	d Rd. #6
Conditions, if any, which gave rise to immediate couse (a), stating the under. lying cause last. PART II OFFICE S GNIFICANT CONDIT OF C		NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE			
A Hour a.m. W		ACE OF INJURY (Hame, forn clary, street, office bldg., etc		(County) (Stall
21 I certify that (I) (this haspital) att	ended the deceased fram	APRIL 19	60 to 9/30	nd on the date stated above
22a SIGNATURE 35 NC		ATTENDING	ED STAFF PHYS	16/1 /6 SIGNE
22c PHYSICIAN'S NAME (Type) LEE B. SNOW		7950 NewH	ampshire Ave.	Langley Park, Mo
236 BURIAL, CREMATION 236 DATE THEREOF TRANS. & BURIAL 10 H 60	23c NAME OF CEMETERY OF ARLINGTON CEN		23d LOCATION (City, town,	or county) (State) PENNSYLVANIA
24 FUNERAL DIRECTOR'S S GNATURE WATER E PUMPHREY INC	SILVER SPRING		D BY REGISTRAR 256 REG	SISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND c LENGTH OF STAY IN 16 outside corporate fimits, write RURAL and give near st town) S RESIDENCE ON A FARM? YES NO 3. NAME OF Midd e (Type or print) 9. AGE (In foors | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH MARRIED NEVER MARRIED DIVORCED WIDOWED -10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? days during host of working life, even if retired) Own home 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) ((fyesgivewerordatesofservice) None 18. CAUSE OF DEATH Enter only one cause per upe for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immed ata cause **DUE TO** (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO M 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. | 20d. INJURY OCCURED | 20e. PLACE OF INJURY (Home, logs, While Not While fectory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (C'ty or fown) et work et work 21. I certify that I look charge of the remains described above, held an Autopsy 🗍, Inspection 🔣, Inquiry 🙀, and in my opinion death resulted from. Natural ceuses Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute should be for DEPUTY MEDICAL EXAMINER TO 13hOSChath Addr 22c. NAME OF CEMETERY OF CREMATORY Address (Street, city, town, or county) 22a. BURIAL CREMATION 225. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) <u>7</u>40 Rockville Maryland
240, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE \$3. FUNERAL DIRECTOR Bethesda, Maryland SEP 1 4'60 Robert A. Pumphrey 5M 7/59 Orthun & Knows



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		12 01 22/1111		
PLACE OF DEATH a. COUNTY				on: Residence before admission)
Montgomery	MARYLAND	Florida	b. COUNTY	V
b. CTY OR TOWN (If outside corporate limits, wi RURAL and give nearest tawn)	rite c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limits, write RL	JRAL and give nearest town)
Bethesda (Rural)	11 days	Green Cove	Springs	4 VV ?
d. NAME OF HOSPITAL (If not in haspital, give si OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENC
U. S. Naval Hospital		734 N. Pine	Ave.	ON A FARM
3 NAME OF First DECEASED (Type or print) Nazarii	Middle AC	DOWDEN DOWN	4. DATE Mont OF DEATH Septe	
5 SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF JNDER 1 YEAR IF UNDER 24 H
Female Negro win	DOWED DIVORCED	2-20-11	lost birthday) 49 yrs	Months Days Hours Mil
100 USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNT
during most of working life, even if retired) Beautician	Self employed	Georg	ia	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Horace CHAMBERS		Alberta HE	CKNEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 IN	IFORMANT	Addr	ess
('f yes, give war or dates of service)	264-16-3108 (H)	Edw. J. Dowd	en, same as #2	above
18. CAUSE OF DEATH [Enter only one couse p			/	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:	Konors ton	alphant	F	ONSET AND DEAT
IMMEDIATE CAUSE (o)		100000		
Condition Communities /	Soum mo	tartarin	81	1422
gave rise to immediate	Diam Me	· · ·	-0.	
couse (o), stoting the under- tying cause lost.	g 'ell Cono	unoma.	Cerver Ite	ni loyes
PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION DIV	EN IN PART 1(a) 19 WAS AUTOP PERFORMED?
Jauamos	- Cell Caren	non nuli	ship the	YES NO
OR CONTRIBUTING CHUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	3. (Enter noture of injury in h	Part I or Port II of item 1B)	O
		ACE OF INJURY (Home, form		(County) (Sh
Haur a.m.	Vhile Not while twork C	tary, street, office bldg., etc.	1	
21 I certify that (I) (SCIENCESPICADICAL	tanded the deceased from	Sept., 17 10	60 to Sept. 28	
saw the deceased alive an Sept.	. 28 1060 11-1-		UAM	
220 \$ GNATER	- 1700 , and mar a	learn accurred at	M, from the causes and	d an the date stated above
(Kamadia		ATTENDING ME	ED. STAFF	9-28-h
22c PHYSICIAN'S		22d. ADDRESS	ALCION EL TITIS EL	7 10 0
R. F. MADING	DT, MC, USN	U. S. Nava	l Hospital, Be	thesda, Md.
23a BUR AL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, lown of	
Burial-Shipment 9-29-60	A STATE OF GENETERS OF		Green Cove Sp	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'I		TRAR'S SIGNATURE
11/1/2011	Home, Rockville,			Thur & Kraus
CITTLE OF STREET CONTRACTOR OF STREET) 010 mm	DAIE SE	Ch	remit D. I home

ATTENDING PHYSICIAN: The law requires that the death certificate may be rebarred by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial page 3 shauld be detached far use as the burial-transit permit. Then please remave can the State Board of Health priar to burial, cremation, ar remaval, and in any event, within TO HOSPITA

in a the funeral director, and 2 should be filed with

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after death. Page 4

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

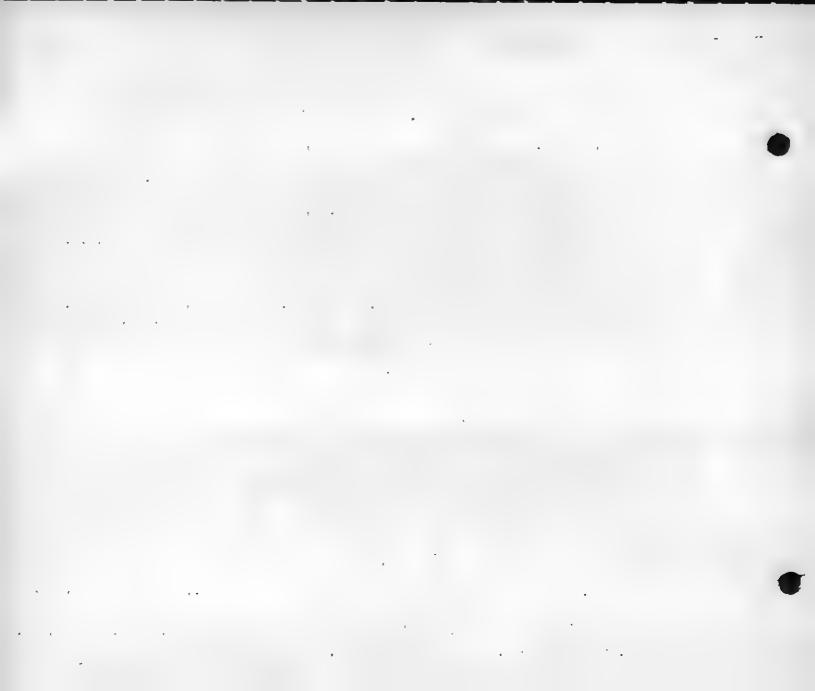
DIVISION OF RYLAND

VISION C)F	STATISTICAL	RESEARCH	AND	RECORD	s —	BALTIMORE	1,	MA
900		CEI	DTIELC	A TE	OF	DE/	ATH		

10411

7	o. COUNTY MOTHGOMERY	MARYLAND	a. STATE MARYLAND D. COUNTY MONTGO: GRY MONTGO: GRY							
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ** STLVER SPRING							
	d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION 10,604 LORAIN AVEN	NUE	d STREET ADDRESS 10,604 LORAIN AVENITY 10,604 LORAIN AVENITY * IS RESIDENCE ON A FARM? YES NO [3]							
	3 NAME OF First DECEASED (Type or print) NEIT, IE	Middle GFRTRUDE	DUNDAR ASEPT SEPT 25 19 60							
	S. SEX 6. COLOR OR RACE 7. MARRIEI FIMALE WHITE WIDOWED	7	8. DATE OF BIRTH AUG. 4, 1881 9 AGE (In years lost birthday) 79 yrs. 1F UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min							
	10a. USJAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOMMAKER OL	IND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State or foreign country) CALIFORNIA U.S.A.							
	CORNELIUS WHELAN .		14. MOTHER'S MAIDEN NAME ALICE BLANCHFIELD							
	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SC (Yes. na. or unbown) (If yes, give war or doles of service)		Richard C. Dunbar, 10,604 Lorain Ave.							
)	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), staling the under: lying cause last (c)	Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last Oue TO (c) Lyng cause last								
		SURY OCCURRED 20e. PL	D. (Enter nature of injury in Part I ar Part I of Item 18) ACE OF INJURY (Hame, farm, 20f. (City or Iown) (County) (State) ctory, street, office bldg., etc.)							
	21 1 certify that (1) (this hospital) attended the deceased from 4/26 1950 to 9/25/60 19 that (1) (we) I sow the deceased alive on 9/21 1960 and that death occurred of 1/2M, from the causes and on the date stated about 220/SIGNATURE 220 DATI ATTENDING MED DIRECTOR STAFF 9/25/60 231 PHYS CIAN'S PHYS CIAN'S 9421 Columbia Blvd., Silver Spring, 1/1.									
	230 BURIAL CREMATION 236 DATE THEREOF BURIAL (Specify) 9/29/60	23c NAME OF CEMETERY OF								
1	PALM BUC WILLES	STEVER CPRINT	25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE DATE SEP 3 0 '60 Crima & Kraus							

TO HOSPITA



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) files. e. COUNTY & a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs da corporate limits, write RURAL and give nealest town) write RURAL and give mearest town) e. IS RESIDENCE ON (if not in hispital, give street adjress) ON A FARM? YES NO W 3. NAME OF Middle DECEASED (Type or print) AGE (In yeers IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months | Days Hours WIDOWED 🔀 DIVORCED 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? date during most of working life, even if retired) MACLIE 33. FATHER'S NAME MOTHER'S MAIDEN NAME ary DECEASED EVER IN U.S. ARMED FORCES? (Yes, ba or unkown) (Ifyesgivewarordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART I(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2Dd. ANJURY OCCURRED 26e, PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or toy) Hour a.m. 21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection 📈 Inquiry X. and in my opinion death resulted from: Natural causes Accident Suicide 1 Homicide Undetermined manner Der und he cerus seasons sessions of should be forwarded to should be seasons of sh CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) CREMATION. 22d. LOCATION (City, town, or country) (State). REMOYAL (Specify) 240 9 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Chiling & Krous 5M 7/59



funeral director, ald be filed with er death. Poge 1. PLACE OF DEATH MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write 5 p. m. saw the deceased alive an 220. SIGNATURE 22c PHYSICIÁN'S NAME (Type) 23b DATE THEREOF 23a BURIAL CREMATION.

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission b. COUNTYMONTGOMERY MARYLAND MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

ARLINGT

7	SI WE SPRING	3 yrs.	38 STLVE	RSTRING					
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?				
Ļ	10,102 Ga. Ave.	Apt. #102	10,102 Ga	. Ave., Apt. #10	YES NO T				
	NAME OF DECEASED (Type or print) Edward	BenedicT	Dyer	4. DATE Month OF DEATH	T 24 1960				
	S SEX 6 COLOR OR RACE 7. MARE	RIED ANEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS				
	MAI WHITE WIDOW		OJF. 19, 189	68 yrs	Aonths Days Hours Min				
- [10a USJAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11 BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?				
		VABASH RAILROA	D TOPEKA,	KANSAS	U.S.A.				
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	EDWARD P. DYER		ELLEN Mc	CARTHY					
ſ		SOCIAL SECURITY NO 17 I	NFORMANT	Address					
	(Yes, no, or unknown) (If yes, give wor or dates of service)	None Mr	s. Mary J. Dy	er, 10,102 Ga. A					
	1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	COronary	Artery O	CC/USION	ONSET AND DEATH				
	Conditions, if any, which) (b)	ronary A	ertery /	1 sutticien	cy Iday				
	gove rise to immediate cause (a), stating the under- lying cause lost	-oronary	Artery :	sclerosis "	5 yrs				
	Part II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVEN	I IN PART I(0) 19 ₩AS AUTOPSY PERFORMED? YES NO				
	200 ACCIDENT WAS UNDERSTITING TO 201 DES	CRIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Part I at Port If of item 18.)					
	S 20c TIME OF INJURY Month, Doy, Year 20d I	NJURY OCCURRED 20e. P	LACE OF INJURY (Hame, far	n, [20f. (City or town)	(Caunty) {State}				

at work at work 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at 3.30M, from the causes and an the date stated above.

foctory, street, office bldg, etc.)

ATTENDING PHYS DIRECTOR [M.D. 22d ADDRESS MERTON L. WHITE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town, or county) (State)

ARLINGTON N'T'L. CEMETERY

" VIRGINIA 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25o. REC'D BY REGISTRAR SPRING, MD. DATE SEP 2 9 '60 anthon & Krous

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1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDS 1
IFALTH DEPT	Item 7 +ilmin / 1 4-2h-60 ct
	1. PLACE OF DEATH •. COUNTY Montgomery Manyland 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmiss of the county of the county lioning of the
第二章 も 【X1】】	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town)
d Signature of the second of t	Germantown, R-2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 4 of IS RESIDENT
Boar 1	Berryville Rd. Berryville Rd. Berryville Rd.
any he full etain etain deat	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
15. H	(Type or prior) Florence Elizabeth Prather Dyson DEATH Sept 13 19 60
With s	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR 6. TO 7. Married Never Married Months Days Hours Months Days Hours Min.
5 ms 5 ms 12 nour	WIDOWED DIVORCED VI 0/15/10
1, 2 1, 2 1, 2 1, 2 1, 2 1, 2	10a. USJAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siete or foreign country)
Page 1	housework Ma. USA 13. FATHER'S NAME USA
Mit with	Dishard David
EÖEFE	Dertha Draper
ii. 5- 18 × iii.	[Yes, no, or unkown) [Ifyesgive werordetesofservice]
ted with	Mary Prather (sister) Item 2
De Site	PART I DEATH WAS CAUSED BY: Agute congestive heart failure
ncil alo fran and	IMMEDIATE CAUSE (e)
	DUE TO
5.203	Conditions, if eny, which (b)
100 ding	(a), stelling the underlying DUETO
ifica Den D, o	Cause lest. (c) Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
Exe at on a	PERFORMED?
his Wor	YES NO [2] YES NO [2] YES NO [2]
Med Should al, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES PERFORMED? YES NO [2] 20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
ting page 3	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Pag of y	20c. TIME OF INJURY Month, Day, Yeer Hour e.m. 20d. INJURY OCCURRED (State) While Not While et work et work et work et work et work
Cata Cata Cata Cata Cata Cata Cata Cata	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
HE BOT	death resulted from. Natural causes 🗷, Accident 🗍, Suicide 🗍, Homicide 🗍, Undetermined manner
Pard Age	CHIEF MEDICAL EXAMINER
Me for the form	SIGNATURE John Co. Survivue M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Pe Coll	EXAMINER'S 9/13/60
D S P S S S S S S S S S S S S S S S S S	NAME (Type) Frank J. Broschart Address (Sireel, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, town, or country) (Siete)
should FUN	PEMOYAL Specify
ы <u>т</u> 46 д	Burier 9/16/60 Poolesville, Poolesville Md.
VS. ATSME	Rockville Mi espiniso City et
5M 7/59	Nobel Liberade ROCKVIIIe, Md. DATE SEP 1 9'60 Criber S. Huma

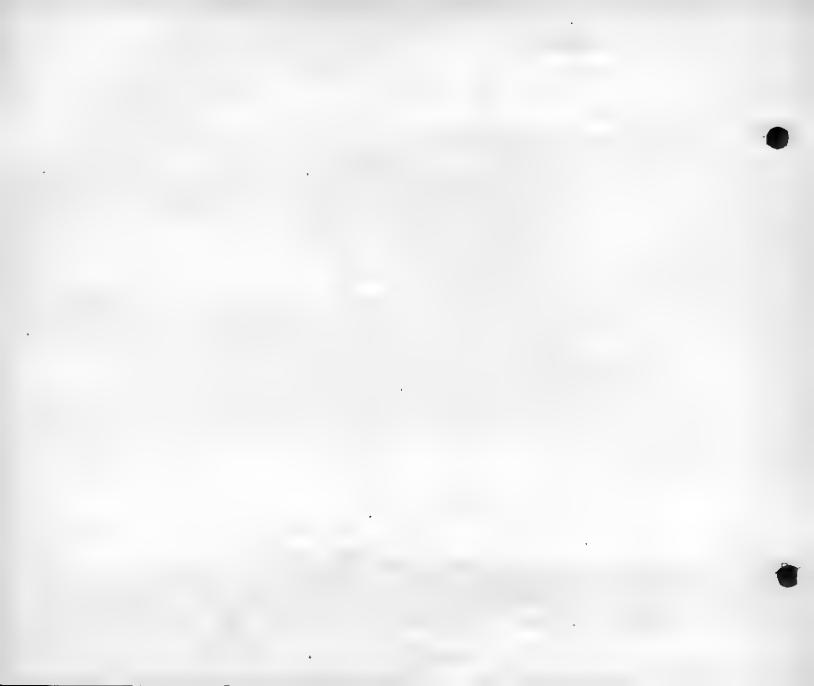


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — RALTIMORE 1. MAI

	10480 CERTIFICA	TE OF DEATH	10415
	b. CITY OR TOWN (If autside corporate limits, write of c LENGTH OF STAY IN 1b RURAh and give nearest town) 4 NAME OF HOSPITAL If not in hospital, give street address)	2. USUAL RESIDENCE (Where deceased I'ved If nstitution: Res'dence a. STNE b. COUNTY and a. STREET ADDRESS	un S
	Brooke Trove Foundation	~/1/	YES NO E
	NAME OF DECEASED (Type or print) Nett; & B. 61/	erbrock DEATH 9	13 1960
	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	11.01.01.01.01.01	Days Haurs Min
	10a. USUAL OCCUPATION (Give kind of work dane during mast of warking life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZ US	EN OF WHAT COUNTRY?
	13. FATHER'S NAME OMES PREASON IS. WAS DECEASED EVER INVI. S ARMED FORCES? 16. SOCIAL SECURITY NO 17 M (I'r ye) give who or dictae of service)	Sorol 6. Foster NFORMANT Address	7- /
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gove rise to immediate	Embalis mbesis A. Fernal at	INTERVAL BETWEEN ONSET AND DEATH 2 MIN
	couse (a), stating the under ying couse last.	Selanos + Debeld	1(o) 19 WAS AJTOPSY PERFORMED? YES NO
,	OR CONTRIBUTING CAUSE OF DEATH	ED (Enter nature of injury in Part I or Part II of item 18)	
	20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED to Page 19 Pag	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.) 20f (City or town) (C	aunty) (State)
	21 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an 13 cm 1960 and that a	3-9 1957 to 13 and 196 death accurred allow, from the causes and an the	Q that (I) (we) last
	220. SIGNATURE Booley Soley	M D PHYS DIRECTOR PHYS	22b. DATE SIGNED
	120 ATYSICIAN'S JOSLE, 2 F GAER	22d. ADORESS	ned
1	230 BURIA., CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY CONTROL OF THE CLAYTON, I	OR CREMATORY 23d LOCAT ON (City, town, or county) (Linois Clayton, Illin	(Stote)
	Trancia H. Parler, Laytonsvil	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIG	

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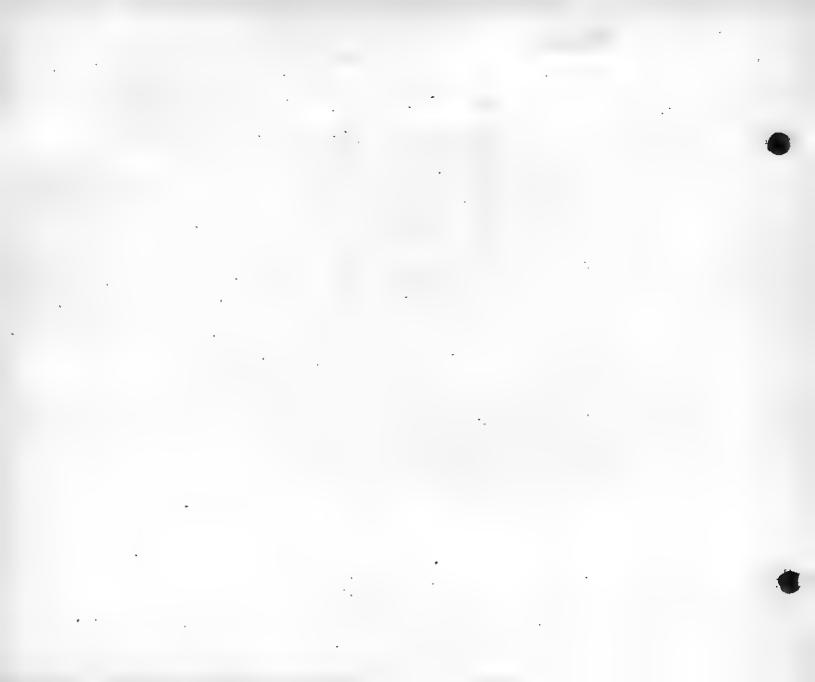
TO HOSPITA



ofter death. Page

low requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10417

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n. County Montgomer	y		MARYL	AND 2. L	SFIor	ida	ere deceased li	b. COUNTY	an: Residence	e befare adm	assian)
b. CITY OR TOWN (II RURAL and give no Bethesda (autside corporate timi grest tawn) Rural	ts, write	16 days	N 1b	Miami	OWN (If or	utside carporat	e limits, write R	URAL and gi	ive nearest ta	wn}
CR INSTITUTION	AL (If not in hospitor, g. Hospital,				d. STREET AL		ing Blv	/d.		ON	RESIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	Corinn		Middle Ellis	FAI	LING lost		4. DATE OF DEATH	Sep	tember	Doy 10	Year 19 60
5. SEX Female	6. COLOR OR RACE		RIED NEVER MARRIED	- 11.	TE OF BIRTH		9	AGE (In years last byrthday) OH yrs		Days Haur	
Housewife		dane 10b.			New	York		otry)		S. A.	
13. FATHER'S NAME				14	MOTHER'S						
Henry Ell	is					se Ho	use				
15 WAS DECEASED EVE	R IN U. S ARMED FOR	CES? 16	SOCIAL SECURITY NO	17 INFOR					ress		
			None	Rolli	n Fail	ing l	1100 G1	riffing	BLvd	Miami,	ria.
Conditions, if a gave rise to i cause (a), staling lying cause last.	the under:	Post Et	OPERATION Can	VE SE	Psis Z	upano	my 1	RITIS O	les	3~	36 L
CATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO										
G (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Er	iter nature al	Finjury in F	Part I ar Part I	l of item 1B)			
ZOC TIME OF INJUR Haur a. m. p. m.	Y Manih, Day, Ye	While			OF INJURY (F street, affice		, 20f (Cily o	r lown)	(C	Caunty)	(State
	t (I) (this haspita ed alive an_9=		ded the deceased f								
22a. SIGNATURE). D. Ry	l	_	M D	ATTENDING		ED. RECTOR 🗌	STAFF PHYS			22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	J.D. REAL 1	T MC	USN		U.S.		LHOSPI	TAL, BE	THESD!	A MD.	
23a BURIAL CREMATIC			23c NAME OF CEME	TERY OR CR	EMATORY		23d LOCATIO	ON (City, tawn	ar county)	(5	state)
Bucial (Specify)	10 9/24	-60	Arlington	Natio	nal		Arlin	gton, V	irgini	la	
24. THE SECTO	SIGNATURE (UN	up	his sis			25a. REC'	D BY REGISTRA		ISTRAR'S SIG		
R.A. Pumphi	ey 7557 Wi	8 . A	ve Bethesda	, Md.		DATE	p 1 3 '60	Q,	Thun 8.	thank	

may be read ned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 baurs after death. TO HOSPI VR A15 (4) 1SM 9/59

OC.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 10418

	141/17 CERTIF	ICAT	E OF DEATH							
	1 PLACE OF DEATH O. COUNTY	- 11	2 USUAL RESIDENCE (WI	here deceased fived If institution b. COUNTY	Res dence be	efore admission)				
	?nontgomeny MARY	LAND	Jud.	b. COOKIT	lonty	omery				
	b. CITY OR TOWN (if outside comporate limits, write RURAL and give nearest town)	IN 1b	c. CITY OR TOWN (IF a	outside corporate limits, write RUR	IAL and give r	negrest town				
	TAKOMA PARK. 24 how	ws.	Silver	Spring.	- 1					
, ar	d NAME OF HOSP TAL (If not in hospital, give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?				
1	Washing ton Sanitarium		9301	Weaver St.	1	YES NO 🔀				
	3. NAME OF DECEASED (Type or print) Estella 4 Middle		Figgins	4. DATE Month OF DEATH	17	Day Yeor 1960				
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH	an an Inst-highday) I a		AR IF UNDER 24 HRS				
	temale Caucus: an widowed & DIVORCE		10 - 17 -	73 86 yrs.	Months Day	s Hours Min				
	10a. USUAL OCCUPATION (G ve kind of work dane during most of working life, even if refered)	R INDUST	RY II. BIRTHPLACE (Stote		12 CITIZEN	OF WHAT COUNTRY?				
	13 FATHER'S NAME		14. MOTHER'S MAIDEN 1		22.20					
	Thomas Sewell		Estell'A							
	15 WAS DECEASED FYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	17. INF		Addres	" <u>S</u> .	5 Ind.				
	(Yes no or unknown) (Fyes, give wor or doller of service) None		- Thomas			Inwood Ave				
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]				NTERVAL BETWEEN				
	PART 1. DEATH WAS CAUSED BY MEMORY (a) Memory MANUEL CAUSE (b) Memory MANUEL CAUSE (c)									
	Set le 1 BUETO with	,	re . I)		, 0				
	Conditions, if ony, which	Conditions, if ony, which I by Lyptice Welstelman (acute) 6 his								
	gave rise to immediate couse (o), stoting the under									
	lying couse last) (c) Garry Brone	ho of	mumaria.	+ polm Eden	n	· · · · · · · · · · · · · · · · · · ·				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19, WAS AUTOPS PERFORMED?									
	Part II. OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DE.	- Ca	comoma,	Brent		YES NO				
	206. DESCRIBE HOW INJURYO OR CONTRIBUTING CAUSE OF DEATH UP THER, NOTIFY MEDICAL EXAMINER)	CCURRED	(Enter nature of injury in	Part I or Port II of item 18)						
i	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED		CE OF INJURY (Hame, form		(Coun	ty) (State)				
	Hour o. m. While Nat while	focto	arya street, affice bldg., etc	5.)						
		. 1	2 - + 2 20	10. 11. 12	10 / 0	d . 45 2 . 1 .				
	21. I certify that (I) (this haspital) attended the deceased		7	60, to Alpi 17.						
	saw the deceased alive and 220 b ghature	that de	tath accurred at/_1	M, fram the causes and	an the do	22b DATE				
	1 1/2 11/2 /1/5	4.0		NED. STAFF	1 1	SIGNED				
	22c PHYSICIAN'S	IVI.	22g ADDRESS	FRECTOR PHYS	d-pl	/ 1-0				
	NAME TO MONTH O. West		7660 C	irrane Aux. T	home	- Ank				
	23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEM			23d LOCATION (C ty town, or	county)	(State)				
	Cremation 9/21/1960 Fort L	inco.	ln Cremato			County, M				
	The S.H. Hines Co2901 14th St	N	lai	DED 2 0 200	RAR'S SIGNA					
	Washington 9	D.C	DATE	SEP 2 0 '60 Ch	Mur S. +	Travel				
		-								

may be rethered by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fied in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages I and the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72-bours after death. requires that the death certificate be executed within 24 ha ATTENDING PHYSICIAN: The law TO HOSPIT

er death. Page 4

the funeral director, 2 shauld be filed with

VR A15 (4) 15M 9/59





DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10420

10340			CERTIF	CAIL	OF DE	AIII					
	COUNTY MC	ontgome ry		MARYL		STATE ME	ence (who	nd	b COUNTY	n Residence b Montgo	ofore odmission) Mery
b	CITY OR TOWN (III RURAL and give no Kensin		write c t	LENGTH OF STAY I	N 1b	4	own (If or		te limits, write RL	JRAL and give	nearest tawn)
d	OR INSTITUTION	AL (If not in hospitol, give lensington			A. P.	9701		n Roa	d		ON A FARM? YES NO
D	NAME OF DECEASED Type or print)	ESTE]	LLE	Middle C.		FLOYD		4. DATE OF DEATH	Sept.		Day Year 19 6
F	emale	A The of As a	MARRIED [NEVER MARRIE	_ [[_	PATE OF BIRTH			AGE (In years lost birthdoy) 79 yrs	Months 12	Hours Min
Н	ousewife	N (Give kind of work dor ing life, even if retired)	e 10b KIND	OF BUSINESS OF		Tenr	l.		ntry)	12 CITIZEN	S .
I B	FATHER'S NAME		A . A			4. MOTHER'S	MAIDEN N	AME			
<u> </u>		o W. Carle				?		Reav			
		R IN U. S. ARMED FORCE If yes, give war ar dates of serve	ce)	DRE	F.	Scott	Col:	lins-s	Addr MB8-NO		
		mmediate (DUSTO	C.E.	KENIT		FMI					TAY
CERTIFICATION	lying couse lost. Part II OTH	(c)_ SER SIGNIFICANT CONDIT	ONS CONT		BJT NO		THE TERMI	NAL DISEASE		EN IN PART I	(a) 19 WAS AUTOP: PERFORMED? YES NO
	OR CONTRIBUTING	S JNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE	E HOW INJURY OF	CURKED. (inter nature of	injuty in P	ort of Port I	or dem is ;		
MEDICAL	20c TIME OF INJUR Hour o m, p. m.	Y Month, Doy, Year 19	20d INJUR While of work [Not while	20e PLACE foctor	OF INJURY (F , street, office	lome, form, bldg., etc.	20f (City o	or town)	(Cou	inty) (Sto
	21 I certify tho sow the deceas	t (1) (this hospital) ed olive an 50 ft.	attended	the deceased to		th occurred	7 194 6139		he couses and		, that (I) (we) to
	22c PAYS CIAN'S LAME (Type) GOTGOT	S. Rosenberg	ger M	1.D.	M.E	ATTENDING PHYS 22d ADDRE	/	RECTOR []	STAFF PHYS 1	neny hony	Lifst 2/5
_	BUR AL. CREMATIO REMOVAL (Specify)	9/9/60		otomac (rematory			ON (City, town, o	ar county)	(State)
24	Pohome		en D	ADDRESS	34-			BY REGISTR	AR 2Sb REGIS	TRAR'S SIGN	ATJRE
	Robert .	A. Pumphre	y Be	ethesda	, Mai	yrand	DATE	P 1 3 '60	_ Civi	thung 8 to	rand

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay may be re

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSPIT VR A15 (4) 15M 9/59

fter death. Page 4

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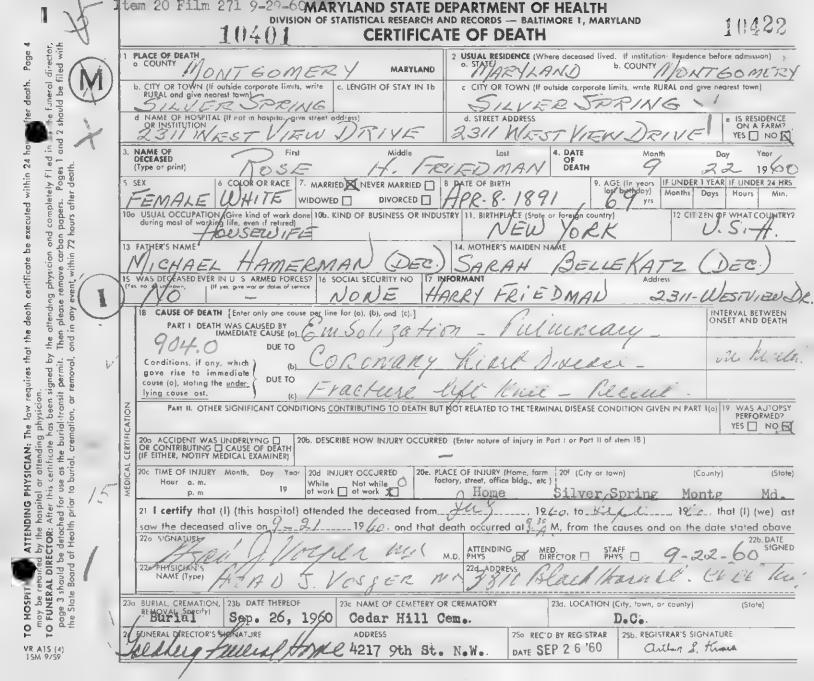
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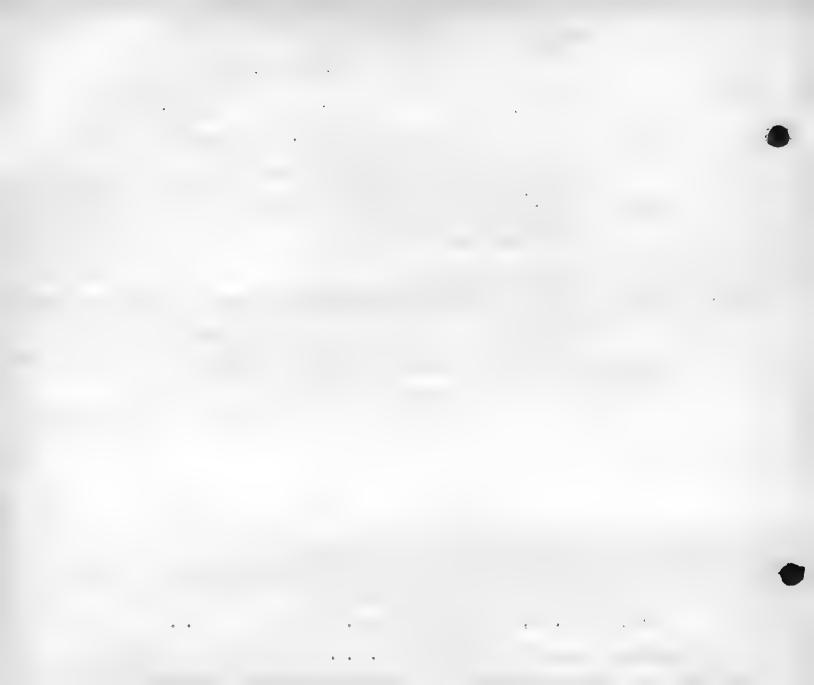
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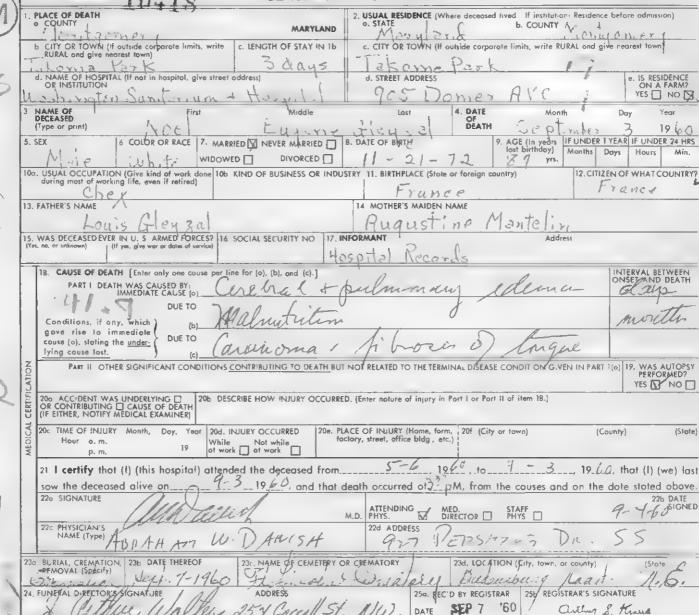
er death.







RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH



15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10424

	10485 CERTIFICA	IE OF DEATH	
1	1. PLACE OF DEATH 0. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Montgomery	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Bethéada	
4	d NAME OF HOSPITAL (If not in hospital, give street oddress) RESMOR SANITARIUM	d STREET ADDRESS 5309 Burling Terrace • IS RESIDENCE ON A FARM? YES [] NO [
	3 NAME OF DECEASED (Type or print) First ARTHUR E. GOO	DWIN, Sr. 4. DATE Month Day Year DWIN, Sr. 1960	
	a. STATMARY AND b. COUNTY MONTGOMERY b. STAT VOE TOWN (III outside corporate limits, write b. CENSTH OF STAY IN 1b B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. CHIY OE TOWN (III outside corporate limits, write RUMAL and gave medical flower) B. COLOR OR ACCI / MARKED IN MARKED I		
	Insurance Agent Retired	Mass. U. S.	
	Charles Henry Goodwin	Katie M. Moore	
	(Yes no or unknown (If yes, give war or dates of service)	Danie as Flen #2	
	Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying couse last. Conditions, if any, which (b) DUE TO UNTL III (c)	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO IN	
	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 40e PLA for the p m 19 of wark of wark	CE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) roty, street, office bldg. etc.)	
1	saw the deceased alive 37/11/1960 and that d	eath accurred of M, from the causes and on the date stated above ATTENDING DIRECTOR STAFF STAFF PHYS DIRECTOR PHYS DIRECTOR MAD PHYS DIR	
B	urial otransit 9-24-60 Mt. Hope Co	emetery Boston, Mass.	
	2 ROBERT A. PUMPHREY Bethesda, Me		

fer death, Poge-

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 has

frer death Page 4 the funeral director

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direppage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filled the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hacks about death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

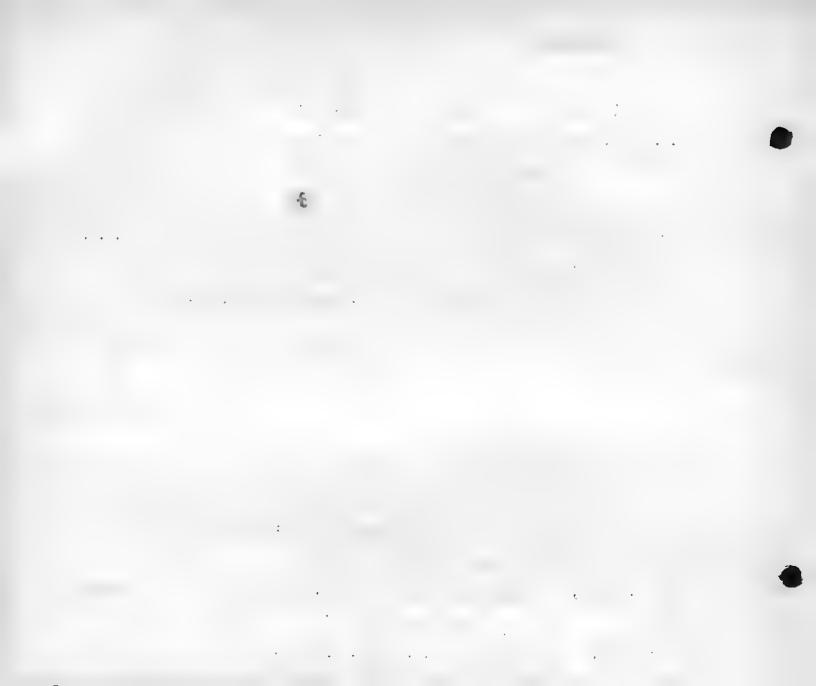
TO HOSPITA

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIEICATE OF DEATH

10425

	11148C	CERTIFICA	ATE OF DEA	III			alt. 177 BC 1	- 1)
PLACE OF DEATH o. COUNTY Montg	omerv	MARYLAND	2. USUAL RESIDENCE o STATE New York		d lived If instituti b. COUNTY	on: Residence	before admi	ssion)
b CITY OR TOWN (#	f outs de corporate limits write	c LENGTH OF STAY IN 16			prote limits, write R	URAL ond giv	e nearest tov	wn)
		39 days	New York					
d. NAME OF HOSPIT		oddress)			5	· ·		
	Hospital, Beth	nesda, Md.	530 River	side Dr.	1			NO 1
	First	Middle	Last	4. DATE	Mor	ith	Day	Year
(Type or print)	David	Raphael	GOTTLIEB	DEATH	Seg	tember	. 1	19 60
SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years last birthday)			1
Male	Caucasian widow	/ED DIVORCED	10-23-29		30 yrs	INOMITE OF	dys	Mile
during mast of work	(ing life, even if retired)	. KIND OF BUSINESS OR IND			ountry)			COUNTRY
Israel Dav	idson GOTTLIEB		Helen R	onald				
	R IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO 17	INFORMANT		Add	ress		
	Unknown	Unknown	Mrs. Helen (GOTTLIEB.	same as	2d		
gave rise to in cause (a), stating lying couse last.	the <u>under-</u> DUE TO (c)	CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE	TERMINAL O SEAS	E CONDITION GIV	VEN IN PART I	PERF	S AUTOPSY FORMED?
OR CONTRIBUTING	S UNDERLYING 20b. DE:	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of ang	ury in Port t ar Por	rt II of item 18.)			
	19 While	e Not while ork O ot work	foctory, street, office bld	e, farm, 20f. (City g, etc.)	y or town)	(Co.	unty)	(Stote)
21. I certify that	it (1) (this haspital) attended alive an 9-1-	ded the deceased fram	death accurred at					
220 SIGNATURE	29 Lin	Col	M.D. PHYS	MED DIRECTOR	STAFF PHYS X	9-2-	,	22b. DATE SIGNED
22c PHYSICIAN'S NAMEUType)	a civi							
MONTEGOMETY B. CITY OR TOWN [If autide corporate limits, write RURAL and give nearest town) B. CITY OR TOWN [If autide corporate limits, write RURAL and give nearest town) B. CITY OR TOWN [If autide corporate limits, write RURAL and give nearest town) B. CHYOR TOWN [If autide corporate limits, write RURAL and give nearest town) B. CHYOR OF MONTE [IN INDICATE 1997		•						
MONTAGENTY BOTTO TOWN [ff outside corporate limit, write RUPAL and give negrest form		ole)						
1 1 4 . (5 2	TALES A PART OF THE PART OF TH			- CD 0		_		



moy be revalled by the haspitol or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death.

VR A1S (4) 1SM 9/59

n, COUNTY Montgomery	,		MARYLAND	2.	usual residence (Who a. STATE Florida	era deceased liv	ed. If institution: b. COUNTY	Residence bef	are admission)		
b. CITY OR TOWN (I RURAL and give no Bethesda		ls, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Key West						
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street ac	ldress)		d. STREET ADDRESS		4	7/	e IS RESIDENCE ON A FARM?		
	1 Hospital				Sugar Loaf	Shores	1 × X	X	YES NO		
3. NAME OF DECEASED	Fin	ŝî	Middle	~	last	4. DATE OF	Month		Pay Year		
(Type or print)	John		Leonodis	1	OULDER	DEATH	Septer		17		
S. SEX			D NEVER MARRIED	8. D	ATE OF BIRTH	9 (ast birthday) A	Aonths Days	R IF UNDER 24 HRS Hours Min		
Male	Caucasian				2-5-10		50 yrs				
during mast at work	ON (Give kind af wark o ung life, even if retired)		IND OF BUSINESS OR IND	USTRY			(7)		OF WHAT COUNTRY?		
Mariner		U	S. Navy		Virg			U.S.	Α.		
13. FATHER'S NAME				14	4. MOTHER'S MAIDEN N						
Milton GOU					Marie Eliz	abeth (Unknown)				
16. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of so	MYICE)		INFOR	RMANT		Addres	S			
yes	1932 to DO	D 55	54-34-1259 I	losp	ital Record	B					
	TH [Enter anly one co	use per liste	far (a), (b), and (c).])	11.				TERVAL BETWEEN		
PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (a	HL	palico	n	suffic	Rece					
1 / 7 2	DUE TO	\ \	1 2 1	1	00	. (1.	d		
Conditions, if a		m.	elasta	le	i Car	ins	ma W	Rev	US we		
gave rise ta i		0			•		. (
lying cause last.) (c	12	ronch	1)=	show !	terre	ing	na _			
PART II OTH	HER SIGNIFICANT CON	DITIONS <u>CC</u>	ENTRIBUTING TO DEATH B	UT NO	RELATED TO THE TERMI	NAL DISEASE CO	OND TION GIVEN	I № PART I(a)	PERFORMED?		
S ACCIDENT MA	C th less limbs	not proce	NAC CONTRACTOR OF STREET	05D 45		N. a. I	-C't 10.1		YES X NO		
U GIF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	ZUB. DESCR	RIBE HOW INJURY OCCUR	KED. (E	nter nature at injury in t	raff I af Part II i	or irem is)				
	Y Manth, Day, Yea	or 20d, INJ	URY OCCURRED 20e.	PLACE	OF INJURY (Home, farm	, 20f. (City or	tawn)	(County	y) (State)		
Haur a, m	19	While at wark	LAGI MUHE	tactary.	, street, affice bldg., etc.	} [
	a //3 /al-1		d the deceased from	Se	nt. 20 10	60 Se	pt. 24	10 60	that (I) (****** last		
21 1 centry mo	ed alive an Sep	t. 24			h occurred at 11A						
22b SGNATURE	and dive du - 1	0	, and that	aeai	n occurred of	W, from the	e causes and	on the dat	22b DATE		
11.110	100	1.	1 Day By	1.2	ATTENDING ME	ED RECTOR	STAFF PHYS		9-25-60 SIGNED		
22c PHYSICIAN'S			10000		22d. ADDRESS	KECTOR .	W-3 D		7 - 7 - 00		
NAME (Type)	William P.	BAKE	R, LT, MC, US	SN	U. S. Nava	l Hospi	tal, Bet	hesda,	Md.		
230 BURIAL CREMATIC	N. 23b DATE THEREC		23c NAME OF CEMETERY				N (City, tawn, ar		(State)		
	ment 9-26-6		Blandford			Peters			rginia		
	SEGNATURE TI	nisal	LIPPRESS		25a. REC'I	BY REGISTRAR	25b, REGISTA	RAR'S SIGNATI	URE		
R.A. Pumphre	y Funeral	Home.	Bethesda, Md		DATE	EP 2 8 '60	u	ulung 2 H	rand		
					1						

offer deoth. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hay TIMSOH OT



fter death. Page 4

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may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

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TO HOSPIT

VR A1S (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WI		an: Residence before admission)				
Montgomery	MARYLAND	Maryland Montgomery						
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Bethesda	266 days	Silver Spr	ing					
d. NAME OF HOSP TAL (If not in haspital, give street OR INSTITUTION	address)	d STREET ADDRESS	9	e IS RESIDENCE ON A FARM?				
The Clinical Center, Be	thesda 11. Md.	2014 Gosne	311 Street	YES NO 🔀				
3. NAME OF First	Middle	Last	4. DATE Mon	nth Day Year				
(Type or print) Dorothy	Sybil	Grant		ember 9, 19 60				
	RIED TO NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS				
Female White WIDOW		January 30.	192h 36 yrs	Manths Days Hours Min				
10a. USUA. OCCUPATION (G ve kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Housewife	None	q	l'exas	U.S.A.				
13. FATHER'S NAME	41.044.7	14. MOTHER'S MAIDEN I						
Jonas A. Hammond		Ira B. Lyc	on					
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give war or dates of service)	. SOCIAL SECURITY NO 17 II	NFORMANT The Medi	ical Record Add	ress				
	navailable T	a Clinical Co	enter Bethesd	a ll. Maryland				
IB. CAUSE OF DEATH [Enter only one couse per l		as or an and and		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH				
MMEDIATE CAUSE (o) VI	oriocarcinoma			2 years				
DUE TO								
Conditions, if any, which) (b)								
gave rise to immediate (couse (a), stating the under- (DUE TO								
lying couse lost								
Z PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY				
TA T				PERFORMED? YES-₩ NO □				
20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part I or Part II of item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		e (zmar noroz or mjery m	, , , , , , , , , , , , , , , , , , , ,					
20c TIME OF INJURY Month, Day, Year 20d Hour a m. 19 of wa		ACE OF INJURY (Home, form		(County) (State)				
Hour a m, 19 While		ctory, street, office bldg., etc	:-) [
		2 20	70 0 1 1					
21 I certify that (I) (this haspital) atten								
saw the deceased alive of Septemb	er_9960 , and that a	death accurred at 10	LAMfram the causes an	nd on the date stated above.				
220 SIGNATURE	1/1			22b DATE				
1 Man Dack	140	M.D PHYS DI	RECTOR PHYS A	9/9/60 PICNED				
22c PHYSICIAN'S NAME (Type) Name of the D	•	22d. ADDRESSThe	Clinical Cente					
Martin Nydick, M.D.			of Health, Be					
23a BURIAL, CREMATION, 23h DATE THEREOF	23c NAME OF CEMETERY C		23d LOCATION (City, town,					
KREMOVAL (Specify) SEPT. 12 1960			TROUP TE	KAK				
24 FUNERAL DIRECTOR'S S GNATURE	ADDRESS //	27/24 1/m 250. REC		STRAR'S SIGNATURE				
1. mi Theread Almas 81	1 748/ 1/3 1	r. /		Church & Krosso				



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

10100

	10'00 CERTIFICA	TE OF DEATH
1	PLACE OF DEATH G COLNIY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE b. COUNTY
个	b C TY OR JOWN (It outside corgestate limits, write c. LENGTH OF STAY IN 1b RUPAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
4	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS d. IS RESIDENCE ON A FARM? YES NO
3		Last 4. DATE Manth Day Year OF DEATH SCOT 27 1960
-		8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last be inday) Months Days Haurs Min
Į	DO USUAL OCCUPATION (Sive kind of work dane JUB KIND OF BUSINESS OR INDU during most of working life, even if retired) ARKERIA B. FATHER'S NAME	STRY 11. BIRTHPLACE (State or foreign count) 12 CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
1	S, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18 (16) yes give war or dates of service) 10 10 10 10 10 10 10 10 10 10 10 10 10 1	FORMANT Wife - Same as a bare
	DUE TO	theroscleraticioneurysm abdom. 2 hours
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	PERFORMED? YES NO D (Enter nature of injury in Part I or Part II of item 18)
	20c. TIME OF INJURY Manih, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, Farm, 20f (City ar tawn) (Caunty) (State) ctary, street, affice bldg., etc.)
	DO SIGNATURE	M.D. PHYS. DIRECTOR PHYS. 226 ADDRESS
12	Horace W. Barnton, M.D. BURIAL, CREMAT ON. 23b. DATE THEREOF REMOVAL (Spec fy) 9/30/60 Arlington	
2	The S. H. Hines Co. weshington.	250. REC'D BY REG STRAR 25b. REGISTRAR'S SIGNATURE

may be rebound by the hispital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 5 page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar Ia burial, cremation, ar remaval, any in pay event, within 72 haurs after death TO HOSPITA VR A15 (4) 1SM 9/59

ter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hair

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AND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 104901. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Montgomery b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO Suburban Hospital 1803 Monroe Street. 4. DATE NAME OF First Middle Month DECEASED OF DEATH (Type or print) 19 60 Griffith September 5 SEX 7. MARRIED NEVER MARRIED NEVER B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE last birthday) Months Days DIVORCED | WIDOWED | June 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ILS.A. Vest Virginia Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kate Kenny Beaty Frank T. -Griffith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Sister none As above No Katio G. Shedd 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) SUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying cause lost PARK II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TID: 19 WAS AUTOPSY PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, l'Enter noture of mjury in Port i or Part 11 of item 18.) 20c TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc. Hour a.m. While Not while at work 🔲 at work p. m. 21 I certify that (1) (this hospital) attended the deceased from. LQ_19 GG and that death occurred a GG M, from the couses and on the date stated above saw the deceased alive on 220 SIGNATURE SIGNED ATTENDING PHYS MED DIRECTOR M.D 22E PHYSICIAN' 22d ADDRESS 23a BUR.AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) REMOVAL (Specify) Friendship. Maryland 25g. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S S GNATURE Hines Company - Washington . DC DATE SEP 2 0 '60

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FUNERAL DIRECTOR

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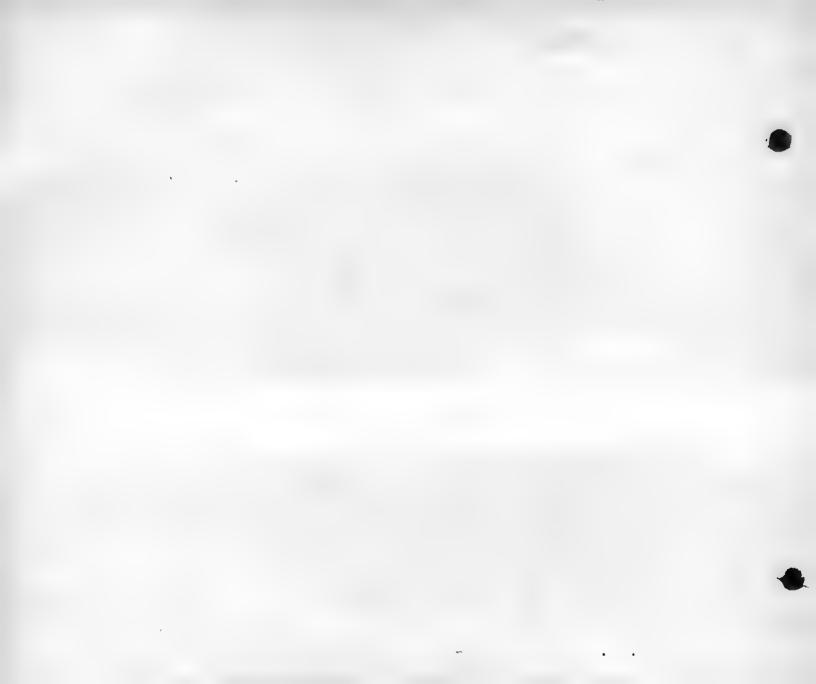
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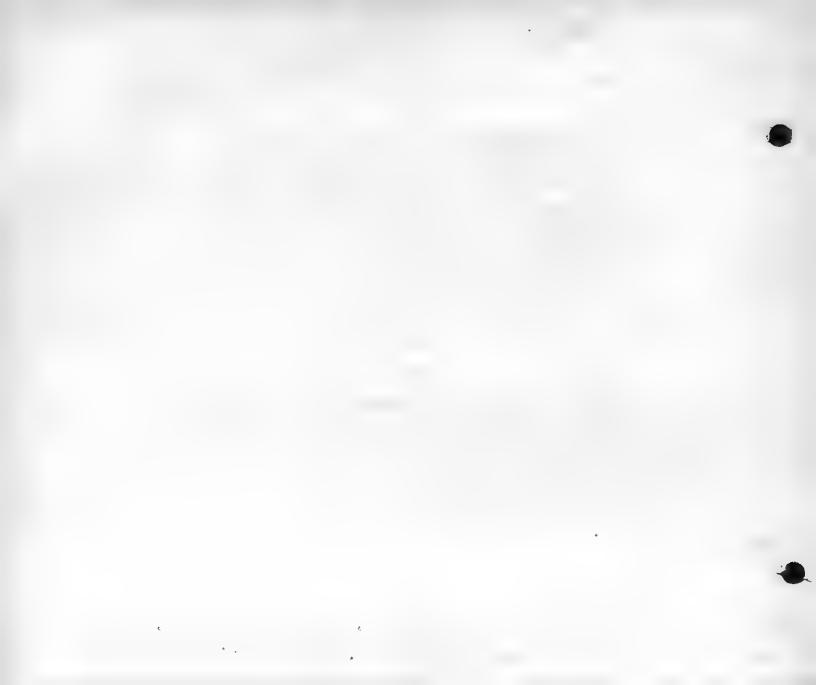




MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10431 10492 CERTIFICATE OF DEATH Reg. Dist. No director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. (f institution Residence before admission) n. COUNTY o. STATE b. COUNTY MARYLAND MONTGOMERY MARYLAND MONTGOMERY funeral of b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) RURAL and give negrest town) SANDY SPRING 6 HOURS d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? BROOKE ROAD YES TO NO TO MONTGOMERY GENERAL HOSPITAL .⊑ NAME OF Middle 4. DATE Lost Month Day Year filled DECEASED 19 60 SEPTEMBER (Type or print) ELIJAH HACKETT ---SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ň 10st birthdoy) Months Days 4-25-1875 DIVORCED [7] WIDOWED T MALE COLORED 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) and com 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. MARYLAND LABORER carba ofter/ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARTHA AWKWARD HENRY HACKETT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. DANIEL BANKS Address HOSPITAL RECORDS OLNEY. MARYLAND attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY HEART FAILURE IMMEDIATE CAUSE (o) **DUE TO** Ė Conditions, if ony, which UREMLA signed gove rise to immediate DUE TO cause (a), stating the underlying couse lost. KIDNEY FAILURE PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES I NO IX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg . etc.) Hour a.m. While Not while ot work ot work p. m. ATTENDING P. Indiana by the horal DIRECTOR 21. I certify that I attended the deceased from August 31., 19.60, to SERT. 7...., 19.60, that I last saw the deceased , and that death accurred at 10:20 M. from the causes and on the date stated above. alive on SEPT. ADDRESS (Street, city or town, state) DATE SIGNED 9/8/60 D PHYSICIAN'S NAME (Type) GAITHERSBURG. MARYLAND 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) 9/10/60 Ash Memorial, Sandy Spring. Mi. 0 24b. REGISTRAR'S SIGNATURE **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE DATE SEP 1 3 '60 VS A1S (4) Rockville, Md.

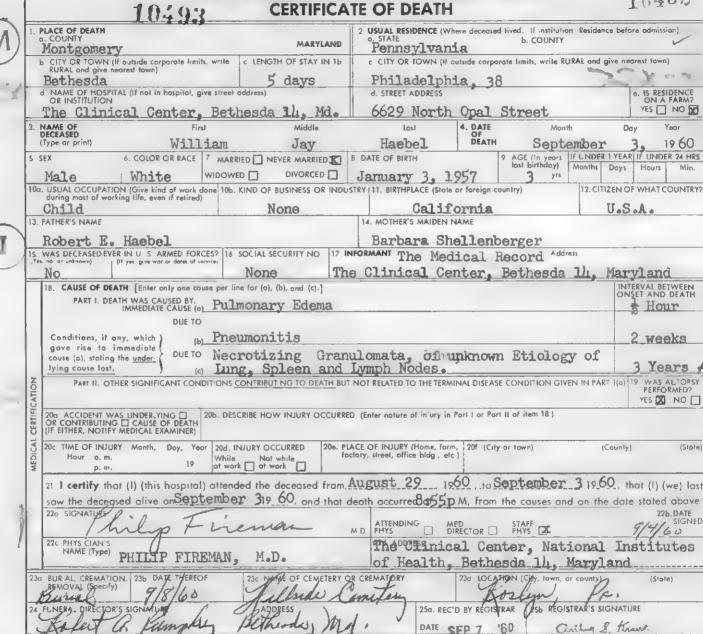
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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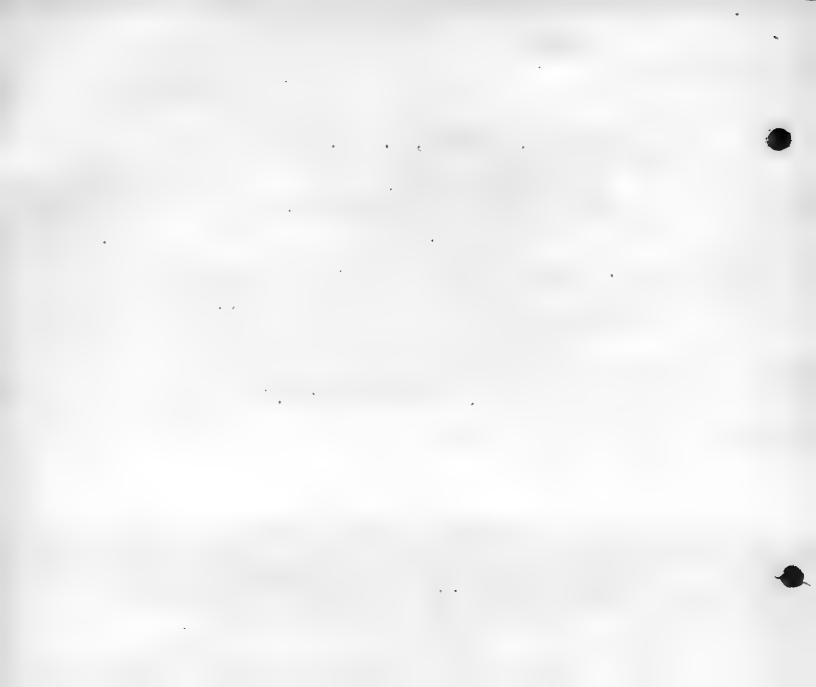
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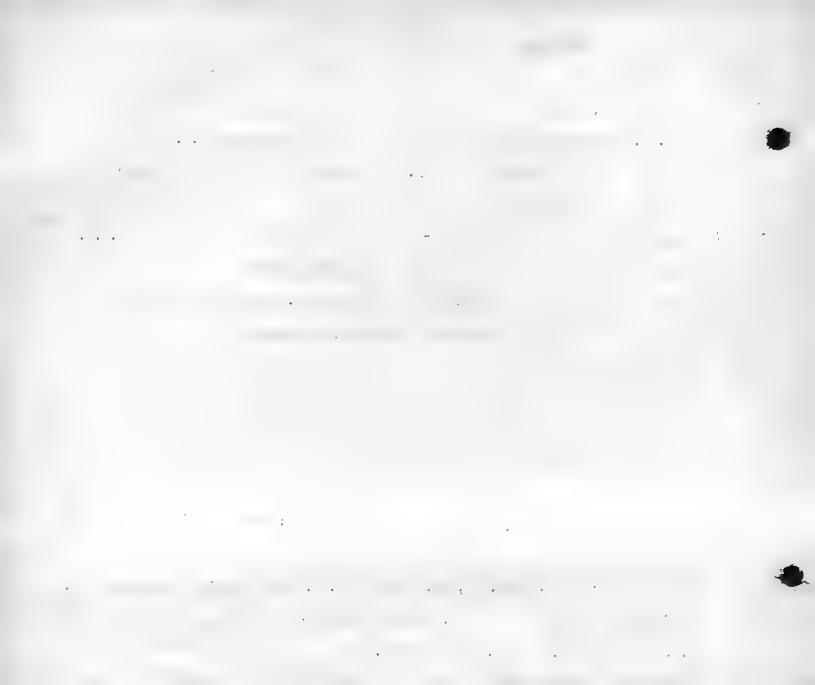
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Bethesda, Md.

DATE SEP 2 7 '60

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ROBERT A. PUMPHREY



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1		CERTIFICATE OF DEATH Reg. Dist. No.
director, lied with	VI)	1 (PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. COUNTY Montgomery 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. STATE Mary Land 6. COUNT Montgomery
funeral uld be f			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Etchison
by the	K,		d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION THE Gaithersburg # 2 Gaithersburg Rt. # 2 e. IS RESIDENCE ON A FARM? YES NO 1
in 24 ho filled in ges 1 on			NAME OF DECEASED Type or print) Nettie E. Hawkins And Decease Deceas
d within plately (\ —	Female White WIDOWED DIVORCED Ney-12, 1868 Pirthdoy) Months Days Haurs Min
ond cam ond cam oun pape		1	USUAL OCCUPATION (Give kind of work done done done done done done done done
e be ian o carbi after		100	John Duvall Jeresha Penn
ificat hys.cl save ours		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 1/6 SOCIAL SECURITY NO. MICROADAY Address
ng P		Yai	no [If yes, give wor or dates of service]
at the deotl the ottend Then pleas event within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO INTERVAL BETWEEN ONSE AND DEATH ONSE AND DEATH
quires the			Conditions, if any, which gove rise to immediate couse (a), stating the under DUE TO
w relician		z	Iying couse last. (c)
phys phys as b iof-tr		CATIO	PERFORMED? YES \(\sqrt{NO} \)
HAN: Therefore his break his bur tem	,	CERTIF	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.)
PHYSIC all or at this cert r use as remation		MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Not while at work of wor
DING hospil After hed fa riol, ci			21. I certify that I attended the deceased from extender 23, 1960, to extend 11, 1960 that I last saw the deceased alive an extended 197, 1960, and that death accurred at M, from the causes and an the date stated above.
ATTEN ad by the RECTOR: be detaction to bu	1		alive and planting the fauses and an the date stated abave. ADDRESS (Street, city or town state) DATE SIGNED M.D. M.
retoined RAL DIRE should be strar prior			PHYSICIAM'S Dr. James P. Kerr Damascus, Maryland
may be proge 3 spage 3		220	BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City. town, or county) (State) REMOVAL Specify 9-30-60 LRYTORVILLE Meth. LRYTORVILLE Md.
O CO CC	1 %	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/58	1	1	vanue # Osarber Laytonsville, Md. DATEOUT 3 '60 I will S. Krund

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IMORE 1, MARYLAND

			DIVISION	OF	STATISTICAL	RESEAR	RCH	AND	RECOR	DS —	- BALT
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1. PLACE OF DEATH 0. COUNTY		A STATE	ere deceased lived. If institution	n Residence before admission)
Montgomery	MARYLAND	Illino	is b. COUNTY	Cook ./
CITY OR TOWN (If outside corporate limits will RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limits, write RU	RAL and give nearest fown)
Bethesda	33 days	Chicago		D/A - '
d NAME OF HOSP TAL (If not in hospital, give s OR INSTITUTION	freet oddress)	d STREET ADDRESS		IS RES DENCE ON A FARM?
The Clinical Center, E	Bethesda 14, Md.	5025 West 0	gden Street	YES NO TO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	h Day Year
(Type or print) Charles	Edward	Head	DEATH Septemi	ber 3, 1960
S SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	F UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min
Male White with	DOWED DIVORCED	January 22,	1934 26 yrs	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Slote	or foreign country)	12 CITIZEN OF WHAT COUNTRY
Draftsman	Architectural	Louisiana		U. S. A.
13 FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Clarence E. Head		Mary Anna	Na11	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give wor or dates of service)	16 SOCIAL SECURITY NO 17. II	NFORMANT The Med	ical Record Addre	998
Yes 1952-1956	558-40-3569 I	he Clinical Co	enter, Bethesda	a 14. Maryland
1B. CAUSE OF DEATH [Enter only one couse				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pneumonia and pul	monary edema		3 days
OLL 3 DUE TO	*			J
Conditions, if ony, which) (b)	Acute myelocytic	leukemia		1 month
gove rise to immediate DUE TO				
(c)				
PART II OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT ON G VE	EN IN PART 1(0) 19 WAS AUTOPS' PERFORMED?
I V				YES 🔣 NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in F	ort (or Port II of item 18.)	
		ACE OF INJURY (Home, form ctary, street, office bldg., etc.	, 20f. (City or town)	(County) (State
P. m 19 o	Vhile Not while to work at work			
21 I certify that (I) (this haspital) at	tended the deceased fram.	August 1 . 19	60 September.	3J9 60, that (I) (we) la
saw the deceased alive anSepten				
220 SIGNATURE	1 1 0			22b DATE SIGNE
Kume 10 182	su MM)	M D PHYS DI	RECTOR PHYS T	9-11-60
22c PHYSIC AN'S NAME (Type)		22d. ADDRESS The	Clinical Cente	
Jerome B. Block	M.D.	Institutes	of Health, Bet	thesda lu. Md.
23a BURIAL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY C		23d LOCATION (City, fown, or	
Burial" 9/8/60	Arlington		Arlington,	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE
Robert A. Pumphre	y Bethesda, M	lary Land DATE S	FP 7 '60 a	when I . Thous

Page 4 filed with director, after death 0 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has may be recoved by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 of the State Board at Health priar to burial, cremation, ar removal, and in any event, within 12 hours after death. TO HOSPIT

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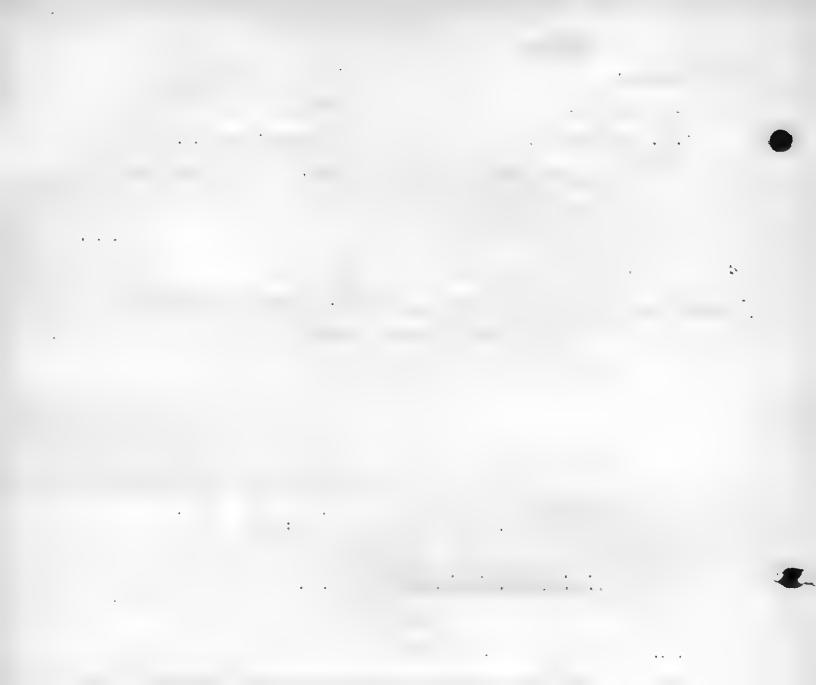
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		10/05		CERTIFICA	TE OF DEATH				¥ (1 %	
4]	n. COUNTY Montgomery	10131		MARYLAND	2 USUAL RESIDENCE (W			on: Residence	before adm	ission)
	b. CITY OR TOWN (IF of RURAL ond give near) Bethesda (Ru	est lown)	write c.	17 days	c. CITY OR TOWN (IF Washington	outside corpor	ole limits, write R	URAL and gi	ve negresi to	wn)
Ì	d NAME OF HOSPITAL OR INSTITUTION U. S. NAVAL	(If not in hospital, give	e street addr		d STREET ADDRESS 311 Farrag	ut St.	N.W.		ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Jacque	lyn	Middle Yvette	Lost HILL	4. DATE OF DEATH	Man Septe		Day 26	Yeor 19 60
			MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10-26-49		9 AGE (In years lost birthdoy) 10 yrs	IF UNDER 1	YEAR IF UN	
		(G ve kind of work do	ne 10b. KINI	D OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stoke		ountry)		EN OF WHAT	COUNTRY?
	13. FATHER'S NAME John L. HIL	J.			14. MOTHER'S MAIDEN EVA SAPP					
	S. WAS DECEASED EVER II		ice)		Mrs. Eva Hi	11. gar	Add			
	Conditions, if any, gove rise to imm couse (o), stoling the lying couse last.	nediate DUE TO	TIONS CONT	TRIBUTING TO DEATH BUI	NOT RELATED TO THE TERM	MINAL DISEASE	COND TION GIV	'EN IN PART	PERI	
	200 ACCIDENT WAS OR CONTRIBUTING DI (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour a.m.,	EDICAL EXAMINER)	20d. INJUR	RY OCCURRED 20a. PL	D (Enter noture of injury in ACE OF INJURY (Hame, for ctory, street, office bldg., et	m, , 20f. (City		(Ce	ounty)	(Stote)
	saw the deceased	Con	ottended t. 26	the deceosed from,	Sept. 9	AM from	Sept. 26) 19 60 d on the	O, that (1) date stote	(3724) last
	22c PHYSIC AN'S)-HO	nch	en lle	M D PHYS DE D	AED DIRECTOR	STAFF PHYS		9-26	226 DATE LIGNED
	NAME (Type)	XXXXXXXXXXX	RYXXX	XMRXXXM8M	U. S. Na					
	BURIAL CREMATION, BURIAL (Specify)	10/3/19	60	Arlington 1	lational	Arli	ION (City, lown,		Virgi	nia
	W. E. Jarvis			NW, Washingt		C'D BY REGIST EP 2 8 '6	1	STRAR'S SIGI	_	

of director, filed with the funeral should be fi .⊆ TO HOSPITA IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be rein, ed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled poge 3 should be detached far use as the buria-transit permit. Then please remave carbon papers. Pages 1 of the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24

VR A15 (4) 1SM 9/59



10439 DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

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	0498		CERTII	FICATE	OF DEATH						* 17
PLACE OF DEATH	1				USUAL RESIDENCE (W	here decease		institutio	n: Resider	nce before or	dmission)
	Montgomery		MAR	YLAND	Maryla	and	D. C		Monte	romerv	
	N (If outside corporate lim	ils, write	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo	prote limits				
	e neorest town) Bethesda		3 days		2 Godthe	rebur	P\$				
d. NAME OF HO	SPITAL (If not in hospital,	give street oc			d. STREET ADDRESS		6			e 15	RESIDENCE
OR INSTITUTIO	Suburban				Route	110					S NO
		rsi	Middle		Last	4. DATE		Mont		Day	Year
NAME OF DECEASED (Type or print)	Walter	121				OF DEATH				2.4	
SEX	6. COLOR OR RACE	7 144 BBUT	M 111	1	H111 ATE OF BIRTH		9 AGE	Sept	F UNDE	R 1 YEAR E I	19 60 UNDER 24 HR
					10/5/11		lost	thdoy	Months		ours Min.
Male	White ATION (Give kind of work	WIDOWED			10/5/11		48	yrs.	Ita cit	TEN OF WE	IAT COUNTRY
ouring most of y	working life, even if retired	d)		DK IMDÚZIKI		a or roreign c	country				TAT COUNTRY
	Salesman		lave Ford		Maryland				U	.S.A.	
, FATHER'S NAME				1	I. MOTHER'S MALDEN.						
H	alter Hill				Bert1e	Mille	r				
. WAS DECEASED	EVER IN U. S. ARMED FO. [15] flyes, give wor or dates of	RCES? 16. SC	OCIAL SECURITY NO	17 INFOR	MANT			Addre	558	Be	altim
no	In her bear of or or or or		2-05-891	14 Mot	her. Mrs.	Bert10	H111	L Le	Pro	n	Md.
10 CAUSE OF	DEATH (Cales and one o	awa par lina	for the the man los		7			T		INTERVA	AL BETWEEN
18. CAUSE OF DEATH [Enter only one couse per line for (b), (b), one (c)] PART I DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (0) Clause posterior myotoscust inference & too											
	DUE TO A . I . T										
Conditions, if ony, which) is a large level of heart disease locality											
gove rise to	immediate	b)		الملك	c CC "DCC	271			_		
couse (o), stating the <u>under-</u> DUE TO											
lying couse to		c)									
PART II	OTHER SIGNIFICANT CO	NDITIONS CO	INTRIBUTING TO DE	EATH BUT NO	T RELATED TO THE TERM	AINAL D'SEAS	SE CONDIT	TION GIVE	N IN PAI	RT 1(o) 19 V	VAS AUTOPS' ERFORMED?
											S NO T
PART II 200 ACCIDENT OR CONTRIBUTI	WAS UNDERLYING I	206 DESCR	IBE HOW INJURY O	OCCURRED (E	nter nature of injury in	Part For Por	rt II of iten	n 18.)			
OR CONTRIBUT	ING □ CAUSE OF DEATH (IFY MEDICAL EXAMINER)										
	JURY Month, Doy, Ye	or 20d INI	URY OCCURRED	20e PLACE	OF INJURY (Home, for	m 20f (Cit	v or town)			(County)	(Stote
Hour o	m	While	Not while		, street, office bldg., et		, 0. 101111		,	0001177	(3.0
p.	m. 19	ol work	ol work		0.6	1	00	٨			
21 certify	that (I) (this haspita	là å ttende	d the deceased	I from &	15	260 to_	Seli	- 14	19.	Q. that	(l) (we) lo:
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22o. SIGNATURI		1	Ter une	a mar acar	il occorred dig.	e 141, 11 OIII	1116 000	7363 0116	- /	1	225 DATE
	V Frakay	1.100	ors V.	M D	ATTENDING A	MED DIRECTOR [STAFF	п	R.A	114	196 SIGNE
22c PHYSICIAN	1100cm.	1,00		/H U	22d ADDRESS	NIKECIUK [1 1113	Ц	- F		HOO
NAME (Typ		TN	LADS	E	4630 hen	0 - 2- 0	(()	6	2 11	- 1	{. }
	., 0			-	1 -	Lami	700	110	W. W.	-7C/1057	mcl.
3a BUR AL, CREMA		OF	23c NAME OF CEA	AETERY OR CE	REMATORY	23d LOCA	CITON (City	y, town, o	r county)	1	(Stote)
Bur la	I" Sept.	17,1	.960 La	ytons	Ville Met	h. L	ayto	nsv	116	Md.	
FUNERAL DIRECT	OR'S SIGNATURE /	-	ADDRESS			'D BY REGIS				IGNATURE	
20mic	+ HiBarbe	Layt	onsville	e. Md.	DATEST	EP 1 9 '8	30	0	1 12	40	
2001000	- /			#	0.111	F 1 2 4	- -		Lug X	France .	

may be restricted by the haspital ar ottending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayal, and in ony event, within 72-boars after death. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha TO HOSPIT,

fter death. Page 4

VR A1S (4) 1SM 9/S9



CERTIFICATE OF DEATH

10440 Reg. Dist. No.

	_			
)	•	PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a STATE b. COUNTY	fore admission)
	7	b. CITY OR TOWN [If outside corporate limits durite c. LENGTH OF STAY IN 16 RURAL and give nearest town]	c. CITY OR TOWN [If outside corporate limits, write RURAL and give of	nearest town)
, 3	1	d. NAME OF HOSPITAL (If not in pospital, give street oddress) OR INSTITUTION What Every seast Care Home	1.02-10th St. H.E.	e IS RESIDENCE ON A FARM? YES NO.27
	1	NAME OF DECEASED (Type or print) JOHN FRANCIS A	Lost 4. DATE Month OF DEATH 9 -	Day Year 9 1960
	5 5	Male White WIDOWED DIVORCED ST	4-11-07 Jost birthday Months Days	AR IF UNDER 24 HRS. S Hours Min.
•	2	2. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired) Acquire County 7	JETRY II BIRTHPLACE (Signe or foreign country) 12. CITIZEN	OF WHAT COUNTRY
	ے	Themas E. Hollman	annie a. Helle	
	15	Ten 3-2-43 11-13-45 Ten	Berry o. H. Hollman 1162-16	St. S.E.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) [Alcen and a)		NSET AND DEATH
		Conditions, if any, which) (b)		
		gove rise to immediate cause (a), stoling the under-lying cause lost. DUE TO		
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. st. 19 While Not while of work at work	ACE OF INJURY (Home, form, 20f. (City or town) (Countrictory, street, office bldg., etc.)	y) (State)
		21. I certify that I attended the deceased fram-Satt 18 alive on 18 4 0, and that deat	h occurred at 2/15 P.M. from the causes and an the d	
		ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or town, state) M.D. Still Sky Sky, 1911d,	DATE SIGNED
		PHYSICIAN'S DERMENT A. BONIFA!	IT Sandy Spring M.	1
	220	REMOTAD CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CORENTAL (Specify) 9-22-60 as line for		(Stote)
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNAS	

ofter death. Page 4 the funeral director, should be fifed with R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hmm. may be reliefed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 of the registrar prior to burial, crematian, or removal, and in any event within 72 hours ofter death. TO HOSPITA

VS A15 (4) 15M 9/55



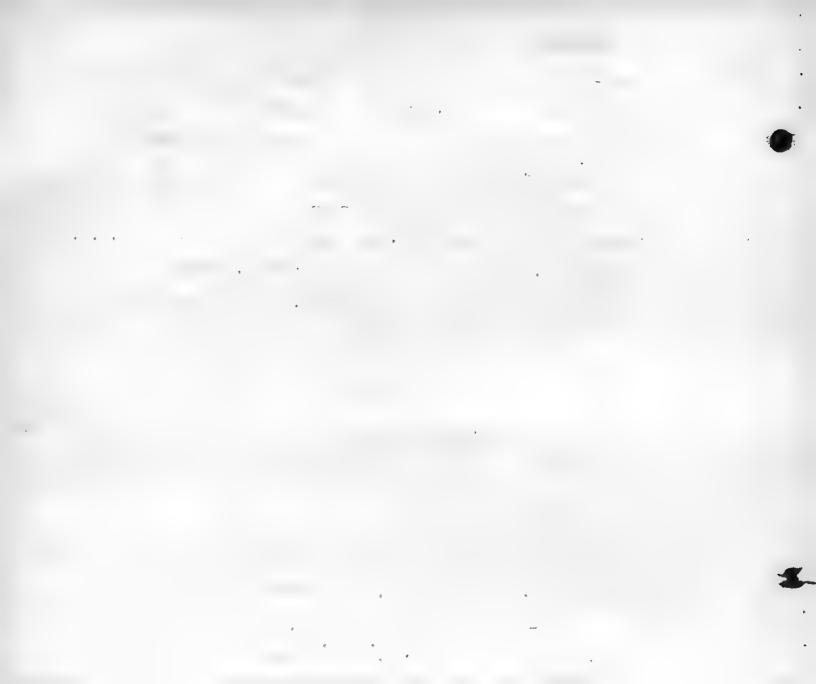


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 111442 10420 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed v b. COUNTY MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION ON A FARM? 113 Craybon Cluri Liberian Smitherway YES NO TH Middle Month DECEASED (Type or print) 1946 8 48 Pm 9 AGE (In years lost birthdoy) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Side or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) offer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME S Adr 5/11/21 Stiewart гетоме WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. MOTher No aftending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stoting the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AULOPS Y PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while of work at work 21. I certify that I attended the deceased from 12/1, 1960, to 50/17/2, 1960, that I last saw the deceased ADDRESS (Street, city or town, stote) 1211 Sharidan Strue Washingteril ik 3 should PHYSICIAN'S NAME (Type) 1211 Sheridan St., N.W. Wash, D.C. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) abod REMOVAL (Specify) Washington Sanitarium and Hospital, Takoma Park. Md. Cremation 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) Robert A. Hare, M. D. Washington Sanitarium and Hospital, Takoma Park, Maryland 1SM 10/57 SEP 1 4 '60 Circher S. Trans



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10443 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY g STATE b. COUNTY MARYLAND ONTIGOUTHRY MONTGOMERS funeral old be fi b CITY OR TOWN (if auts'de carporole limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) RURAL and give negrest tawn) ROCKVILLE rears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION YES NO X PARKLAND 2, NAME OF First Middle 4. DATE Doy Month Year DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED X B. DATE 9. AGE (In years completely last birthday) Manths Days Hours and complete rbon papers. er death. DIVORCED | WIDOWED [LALE requires that the death certificate be executed 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. GOVT WASHINGTON. machinest 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion attending physicic on please remove of within 72 howers THOMAS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address Same as2d THOMAS 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE [0] 30 min **DUE TO** Canditians, if any, which reres gave rise to immediate DUE TO cause (a), stating the under lying cause last, icate hos been s he buriol-transit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE CONDITION GIVEN IN PART I(a) 19. WAS XUTOPS PERFORMED? YES INO TO 20b. DESCRIBE MON INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. Not while at work | at wark p. m 21. I certify that I attended the deceased from 1944 that I last saw the deceased , and that death accurred at 6:50 AM, from the causes and an the date stated above. alive on DIRECTO ACTUAL SIGNATURE nay be reconstructed by Shauld by ori PHYSICIAN'S I RY Lat ROCKVILLE. NAME (Type) 220 BURIAL, CREMAT ON. 22b DATE THEREOF 22d. LOCATION (City, lawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 9-16-6 COUNTRY NID. Ruria 0 24a REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE VS A1S (4) COLL DATISEP 1 6 **1SM 9/SB**



10501

CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND iontgomerv Montgomery b. CITY OR TOWN (If ourside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrey town)
Bethesda Lav Hill d. NAME OF HOSPITAL (If not in hospitar, give street oddress)
OR INSTITUTION
Suburban Hospital d STREET ADDRESS e IS RESIDENCE YES NO T 14300 Lav Hill Rd NAME OF Middle 4. DATE DECEASED HULL OF DEATH Sept. Norman Lawrence (Type or print) 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH 9 AGE (In years lost/bisthdoy) March 27.1890 Doys Hayrs White Male WIDOWED [7] DIVORCED [7] 10a USEAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Self Employed Frederick Co. Md. USA Ret. Storekeeper 13. FATHER'S NAME Sarah Roberts Charles 15 WAS DECEASED EVER IN L S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO Mrs. Preston Hull 1500 Atwood Rd SS None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Canditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES NO 2 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, farm, 20f (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc. Hour a.m. While Not while ot work at wark p. m. 21. I certify that (1) (this hospital) attended the deceased from If 1 © 19____, that (I) (we) last 912 0--- 19, 60, and that death occurred at 645M, from the causes and on the date stated above. saw the deceased olive an... 22a SIGNATURE Ly MD DIRECTOR T 22c PHYSIC AN'S 22d. ADDRESS NAME (Type) PATRICK C. JAMESON 23a BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City, town or county) 23c NAME OF CEMETERY OR CREMATORY (Stote) 9/23/60 PARKLAWN CEMETERY MONTGOMERY COUNTY. MARYLAND 25h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S S GNATURE 2So, REC'D BY REGISTRAR WALLEY . T. PUMPHREY . SILVER SPRING, MD. DATE SEP 2 6 '60 arthur & Thousa minu il.

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



10110

Robert A. Pumphrey

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

10446

Gather & Klench

10440	AIL OF BLATTI
1. PLACE OF DEATH a COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE b. COUNTY
Mon gomery MARYLANI	Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits write c LENGTH OF STAY IN 1 RURAL and give nearest lawn)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Kensington	Chevy Chase
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS ,
Kensinglan Gardens DAN.	4012 Virgilia Street
3. NAME OF First Toll Middle	September 9 Pay Year O
(Type or print)	Way Jacobs September 9 160
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
WIDOWED DIVORCED	May 10, 1870 Go yrs Months Doys Hours Min
Noa USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IN during most of warking life even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Housewife	Washington D.C. U.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry CHase	Ella Tucker
(Yes, no, or unknown) (if wes, rave wor or dotes of service)	7, INFORMANT Address
No None	Ms. J. W. Stocuer 7616 CONN. UVE, CM. Ch.
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Acute Heart Fa	ilure 48 hrs.
2 K 2 LI DUE TO	
Conditions if ony, which (b) Acute Respirato	ory akix Fkailure 48 hrs.
gove rise to immediate couse (o), stating the under-	
lying cause ost. (c) Hyprerpyrexia	12 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
CAI	YES NO
I ≅ I OR CONTRIBUTING □ CAUSE OF DEATH I	RRED. (Enter noture of injury in Port 1 or Part II of Item 1B.)
OD TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. Hour a.m. While Not while of work at work at work	PLACE OF INJURY (Home, farm, 20f (City ar tawn) (County) (State) factory, street, affice bldg., etc.)
21 1 certify that (I) (this haspital) attended the deceased from	m Sep 2 1,60 to Sep 9 160 that (I) (we) last
saw the deceased alive or Sep 6/ / 1000, and that	at death accurred at 7:00p from the causes and an the date stated above.
220. SPATURE	ATTENDING X MED STAFF September 9. 1960
Kount of this adoon	
22'c. PHYSICIAN'S NAME (Type)	22d ADDRESS
Robert T. Thibadeau, M.D.	10609 Concord St., Kensington, Md.
23a BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETER	Y OR CREMATORY 23d ŁOCATION (City town, or county) (Stole)
Burial 9/12/60 Glenwood	Cemetery Washington, D. C.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Bethesda, Maryland

DATESEP 1 4 '60

VR A15 (4) 15M 9/59

TO HOSPITE RATTENDING PHYSICIAN: The law requires that may be refusited by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit, the State Board of Health priar to burial, cremotian, ar removal, or

funeral director,

,⊆

the ottending physician and campletely filled. Then please remave carbon papers. Pages 1 and in any event, within 72 hours after death.

fter death. Page 4

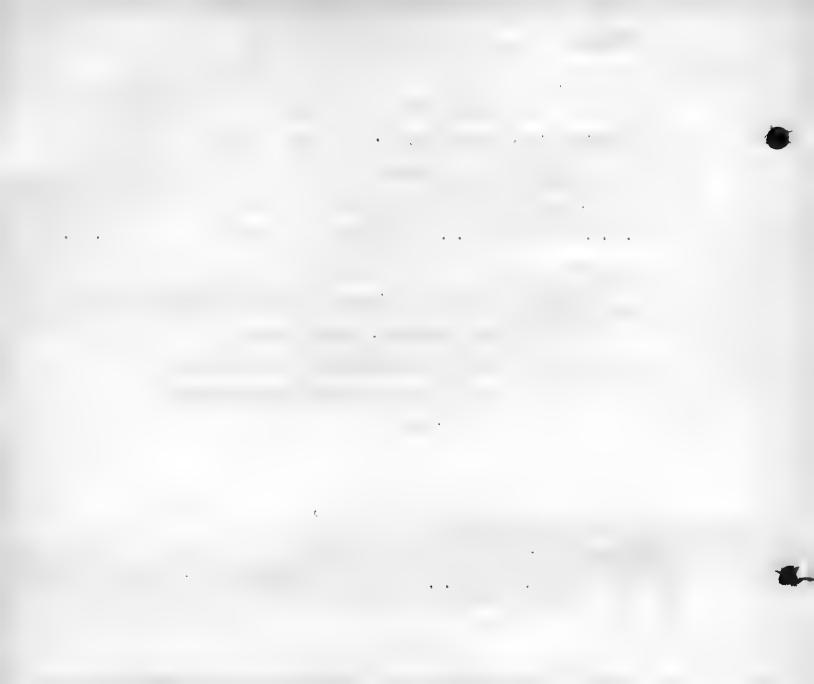
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

againfala.

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TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outs de corporate limits, write RURAL and AL OR n. IS RESIDENCE ON A FARM? 3. NAME O DECEASED (Type or print) OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS last birthday) Months | Days 10a USUAL OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? date during most of working life, evan if relired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMAN (Yas, no, or unkown) | (Ifyasgiva war or detas of servica) 18. CAUSE OF DEATH [Enter only one cause par line for [a], (b], and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Viorary IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b)_ gave rise to immadiate cause DUETO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO ROM DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) [County] (Stata) factory, streat, office bldg., atc.) While Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry C and in my opinion Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED lease execute should be to FUNERAL DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Washington Hebrew Cong. Cam Washington g40 p 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE **Y5. A15ME** arthur S. Kraus DATE SEP 8 5M 7/59





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10421 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If foutside corporate limits, write PURAL and give hearest town) 9 RURAL and give needed town 70 CUM d NAME OF HOSP TAL (If not in hospital, give street oddress) /d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION. ON A FARM? YES NO TO NAME OF 4. DATE Middle DECEASED OF DEATH (Type or print) 196 0 6. COLOROR RACE 7. MARRIED TO NEVER MARRIED AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS B DATE OF BIRTH Months Hours WIDOWED [DIVORCED [100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if getired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT adone as 2 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY RIL IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 🛱 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY/OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m 21. I certify that I attended the deceased from ALPK. 1960 that I last saw the deceased and that death occurred at δ^{-23} alive on M, from the causes and on the date stated above DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) c 220 BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (Store) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 [4] William S. Haus 15M 10/57



after death Page 4

MARYLAND STATE DEPARTMENT OF HEALTH 104 Sylpion of Statistical Research and Records — Baltimore 1, Maryland CERTIFICATE OF DEATH

1(450)

irector with	PLACE OF DEATH O. COUNTY MAR	2. USUAL RESIDENCE (Where deceased lived If institut on Residence before admission) o STATE b. COUNTY
± 2€ (IAI)	b, C TY OR TOWN (If outside corporate limits, write c. LENGTH OF STA)	Maryland TRINE GEORGE
dea dea	RURAL and give nearest town Takoma PARK 5 da	
the he f	d NAME Of HOSP TAL (If not in hospital, give street address)	d STREET ADDRESS , e IS RESIDENCE
2 01/4	Washing Ton Sanitarium & Ho	sp 7301 232 aug heusdale YES NOW
e i i	3. NAME OF First Middle DECEASED	
fillec ges i eath.	(Type or print) Marshall Deu	1ey - Johns DEATH 9 22 1962
Pog Pog	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	
pleto	Male White WIDOWED DIVORC	DO 8-22-99 6/115.
com Sape	100 USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS during most of warking life, even if retired)	DR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and an gan gan gan gan gan gan gan gan gan	Carpenter Buildin	
e be on constant	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Ficat ysici ave with	IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO), 17 INFORMANT Address
g ph remy rent,	(Yes, no, or ophnown) (If yes, give war or dates of service)	.7
ending lease	18. CAUSE OF DEATH [Enter on y one couse per line far (a), (b), and (c)	Hespital records lateria Toek And
\$ # Z 7	PART I DEATH WAS CAUSED BY:	ONSET AND DEATH
4 44 4	587 DUE TO	montergen, anorte le les balles
tho by	Conditions (f. nov. which.)	V
ned may	gave rise to immediate	
required in signification of the signification of t	cause (o), stoting the <u>under:</u> lying couse lost. (c)	
dw r sicik been tran tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
Physical Phy	200 ACCIDENT WAS HINDEDIVING TO 200 DESCRIBE HOW INHIBOT	YES NO Z
ending ficate the bu	OR CONTRIBUTING CLAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part t or Port II of item 18.)
r afficert cert	20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED Hour a m. p. m. 19 at work at wark	20e PLACE OF INJURY (Home, form 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
PH alse alse alse alse alse alse alse alse	Hour o m. p. m. 19 While Nat while at work at wark	
Spiriter of for prid	21 I certify that (I) (this hospital) attended the deceased	from aug 17 1960, to Sept 22, 1960, that (1) (we) last
Sche house h	saw the deceased alive an 2002 2 2 1960 and	I that death occurred at find, from the causes and an the date stated above.
ATT by the CTO deta f Hes	220 SIGNATURE A Florida	ATTENDING MED STAFF SIGNED
DIRECT OF STATE OF ST	22c PHYSIC AN'S	M.D PHYS DIRECTOR PHYS D
RAL C should	Hartyni Chkkf1E6D	41) 6526 Piggs Rd SynTTVILLE 19de
may be Fune page 3 the State	23a BURIA., CREMATION 23b DATE THEREOF 23c NAME OF CENERAL (Spec fy)	State)
o E o g €	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Work 250 REC'D BY REGISTRAR 256 REGISTRAR'S S GNATURE
VR A1S (4)	The Funeral Home 300-4hh.	1.71.6. D.C. DATECED 2 6 '60
1SM 9/59		SEF & O OU CANANT & FRANCE



5M 2,57

DATE SEP 2 3 '60



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND **CERTIFICATE OF DEATH**

10452

Page director

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m

been :

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PLACE OF DEATH

MARYLAND

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) District of Columbia

b. COUNTY

o. COUNTY Montgomery c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town)
Bethesda (Rura) 19 Days

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington

d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUT ON U.S. Naval Hospital

First

d STREET ADDRESS 3700Mass Ave. NW

e IS RESIDENCE YES NO

NAME OF DECEASED (Type or print) S SEX

MILDRED 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED

TABB

JOHNSON B. DATE OF BIRTH

OF DEATH 9. AGE (In years

4. DATE

Month Day September

Year

19 60

Female

DIVORCED [7]

Middle

lost b rthdoy)

IF JNDER 1 YEAR IF UNDER 24 HRS Months Davs

Housewife

Caucasian WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME

Warner Lewis Tabb

17. INFORMANT

Myocardial Infarction

Minnie Weedon

Maryland

14 MOTHER'S MAIDEN NAME

Addres Washington DC

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO

gove rise to immediate

couse (o), stoting the underlying couse lost.

None

Richard F.J. Johnson Jr. 3700 Mass Ave NW

PART I. DEATH WAS CAUSED BY: Conditions, if any, which

IMMEDIATE CAUSE (a) DUE TO

(b)

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18)

200 ACCIDENT WAS JINDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c TIME OF INJURY Month. Doy, Year

20d. INJURY OCCURRED While Not while ot work of work

√っc ADDRESS

&sons, 1756 Penn. Ave. NW

Washington, DC

20e PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, office bldg., etc.)

22d ADDRESS

8-16

(County) (State)

1960, that (1) (we) last

PERFORMED? YES NO

22b DATE

S GNED

INTERVAL BETWEEN ONSET AND DEATH

21 1 certify that (1) (this haspital) attended the deceased fram.__

22c PHYS CA

Hour o. m.

D m.

saw the deceased alive an 22a SIGNATURE

M.D PHYS

MED DIRECTOR

960 109-4-

19 60, and that death accurred at 6: WAN the causes and an the date stated above.

U.S. NAVAA HOSPITAL, BETHESDA, MD. 23d LOCATION (City, town or county)

BULLA (Specify) FUNERAL DIRECTOR'S SIGNATURE Joseph Grawler

23a BUR AL, CREMATION, 23b DATE THEREOF 9-8-60 23c NAME OF CEMETERY OR CREMATORY Arlington National

Arlington, Virginia 250 REC'D BY REGISTRAR

25b REG STRAR'S SIGNATURE Calher & Kraus

TSM 9/59

DIRECTO



CERTIFICATE OF DEATH

W		*/											
1. P	PLACE OF DEATH G. COUNTY MARYLAND)	2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) a. STATE b. COUNTY							
-	Montgomery				Pennsylvania								
	RURAL and give ne	4	ts, write	c LENGTH OF STAY I	N JP			outside corpo	prote limits, write	RURAL ond	give ned	rest lown)	
	Bethesda (Riral) 9 days				Lancas						Amounth Sur-		
0	. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	live street	address)		d STREET ADDRESS e. IS RESIDENCE ON A FARM?							
_1		Hospital,	Beth	nesda, Md		48 s.	Wate	er Str	reet			YES NO	Ş
3. P	NAME OF DECEASED	Fer	st	Middle		Last		4. DATE	A	tanth	Day	y Year	
	Type or print)	Jan		Marie		BELICK		OF DEATH	SEP	TEMBER	9	1960	5
5 \$	EX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIE	D 🔲 🛭 🗈	ATE OF BIRTH	1		9. AGE (In year last birthday		-	IF UNDER 24	
Tr.	emale	Caucasian	WIDOWI	ED DIVORCED		5-12 3	h			rs /vianins	Days	Haurs M	lin
	USUAL OCCUPATION	N (Give kind of work	dane 10b.	KIND OF BUSINESS OF	RINDUSTRY		ACE (State	ar fareign a	country)	12. CI	TIZEN OF	WHATCOUN	TRY
Ι,	during mast of work	ang life, even if retired)			Vir	ginia	a .		T	J.S.A		
	FATHER'S NAME				1	4. MOTHER'S							
1	Rosser CAI	VIN				Baz	zle 1	TRACY					
15	WAS DECEASED EVE	R N J. S. ARMED FOR		SOCIAL SECURITY NO	17, INFO	RMANT			A	ddress			
	No or unknown)	(If yes, give war or dates of s		28-38-3273	Н	ospital	reco	ords					
		TH (Enter only one co	use ner li	ne far (a), (b), and (c).}							INTE	RVAL BETWEE	EN.
	Canditions, if a gave rise ta i cause (a), stating lying cause last.	mmediate (2	relies Fa	all	ce	1	D-20	ufra	- y	ONS	SET AND DEA	IH
		FR SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERM	INAL DISEAS	SE CONDITION (GIVEN IN PA	RT 1(a) 1	9. WAS AUTO)PS
CATIO	7.511			continuo in to ben		T RECEIPTO	THE PERM	THE PIOLES		3112111111		PERFORMED YES NO	2.
CEPTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OF	COURRED (I	inter nature a	f injury in	Part I ar Pa	rt II af item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	While			OF INJURY (I			y ar tawn)		(Caunty)	(5	Stat
	21. I certify the	it (1) (this haspital	l) attend	ded the deceased	fram9	1-	, 19	60 ta	9-9-	, 19_	60, th	at (I) (we)	la
		sed alive an 9-9		1960 and	that dea	th accurred	at 10:	OSEM	the causes	and an th	ne date	stated abo	avi
saw the eleceased alive an 9-9- 1960, and that death accurred at 10:08PMm the cau 220 SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS								22b DA	TE				
					ED RECTOR	STAFF PHYS	9-	10-60) SIG	ME			
	Z2c PHYSIC AN'S NAME (Type)					22d ADDRE	ess.						
		C. THOMAS,	LT,	MC, USN		U.S.	Nava	1 Hos	pital, F	ethes	da, l	١d.	
23a	BURIAL CREMAT C	N. 236 DATE THEREC	OF .	23c NAME OF CEME	TERY OR C	REMATORY		23d LOCA	TON (City, taw	n, or county)	(State)	
-	REMOVAL (Specify)	9-10-	-	Toense	KEX	Transi	t	Lan	caster (County	, Per	nna.	
24.	LA DERVI PIRECION	S STEPINITURE	mere	APPRESS			25a. REC	D BY REGIS	TRAR 2Sb RE	GISTRAR'S	SIGNATUI	RE	
F	R.A. Pumph	rey,7557 W	iscor	sin Ave., Be	etheso	la, Md.	DATE	13'6	60 C	I thun 9	Have	4	

in zy the funeral director, and 2 should be filed with fter deoth. Page 4 may be revended by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha TO HOSPITA

VR A1S (4) ISM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

10456

4	CERTIFICATE OF DEATH								
(M)	PLACE OF DEATH o. COUNTY Montgomery		MARYLAND	2 USUAL RESIDENCE o. STATE Maryland		If institution Residen-	ce before admission)		
	b CITY OR TOWN (if outs RURAL and give neares)		c LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lin	sits, write RURAL and g	give nearest town)		
	Retherde		239 days -	1 Kensingt	on				
1	d. NAME OF HOSPITAL (III OR INSTITUTION	f not in hospital, give street a	ddress)	d, STREET ADDRES	S	2 4	B IS RESIDENCE ON A FARM?		
		1 Center, Bet			Lversity Bo		U-FU -		
	3 NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Year		
5	(Type or print)	Harris	Jackson	Kirkland, J	DEATH	Septembe			
3	5 SEX 6	COLOR OR RACE 7. MARRI	ED 🗌 NEVER MARRIED 🚾 📑	DATE OF BIRTH		E (In years IF UNDER birthday) Months	Doys Hours Min.		
Ē	Male W	hite WIDOWE	D DIVORCED	June 15. 1	1955	5 yrs	Days Hours Mill.		
2		Sive kind of work done 10b.	KIND OF BUSINESS OR INDUS		iote or foreign country)	12.CITI	ZEN OF WHAT COUNTRY?		
=	Child		None		orida		U.S.A.		
	13 FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
	Harris J. B	(irkland, Sr.		Edna M.	Temples				
	15. WAS DECEASED EVER IN		SOCIAL SECURITY NO 17. IN		edical Reco	and Address			
-/	20	diam was or poses or masses	None Th		Center Be		Maryland		
	IR. CAUSE OF DEATH	Enter only one couse per line		8 OTTITUET	center be	unesua III.	INTERVAL BETWEEN		
5	PART I. DEATH V	VAS CAUSED BY: RT AG	ding diathesis				ONSET AND DEATH		
	300 IMA	MEDIATE CAUSE (o)	drift draniesrs						
9	307.3	DUE TO					4.3		
	Conditions, if any, a		mbocytopenia				months		
	couse (a), stating the	ander > DUE TO							
5	lying couse lost.	(c) Acut	e lymphocytic	leukemia_			2 years		
	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINALD SEASE CON	DITION GIVEN IN PAR	T I(o) 19 WAS AUTOPSY PERFORMED?		
	PART II, OTHER S						YES 🔀 NO		
	E 200 ACCIDENT WIAC IN	NDERLYING 206. DESC	RIBE HOW INJURY OCCURRED	. (Enter noture of injury	y in Part I or Part II of i	tem 18)			
	OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	7						
2			JURY OCCURRED 20e. PLA	CE OF INITIPY /Home	form, 20f. (City or tov	(1)	County) (State)		
3	20c. TIME OF INJURY A	While	Not while foo	lory, street, office bldg.	, elc.}	,,,,	2001177		
2	₹ p. m	19 of work	ot work						
	21. I certify that (4)	(this hospital) attend	ed the deceased from $rac{1}{2}$	anuary 15	19.60, to Sept	ember 109	60 that (#) (we) lost		
	saw the deceased	olive oSeptember	109.60 , and that d	eath accurred of.	15 Mirom the c	auses and on the	date stated above		
3	220. SIGNATURE	1. 1/ V	20.				22b, DATE		
5	Has	Klus Kika	whime !	A D. PHYS	MED. STA		9/11/60 SIGNED		
	22c PHYSICIAN'S NAME (Type) Ha	skins K. Kash	rima. M.D.	Market 1:	inical Cent	er, Nation	al Institutes		
					n, Bethesda				
5	23a BURIAL CREMATION,	0 12 / .	23c. NAME OF CEMETERY OF	R CREMATORY	23d LOCATION (City, town, or county)	(Stote)		
=	SHIL VV	4-12-60			14078	EKA7	, F4H.		
	24, FUNERAL DIRECTOR'S SIG	1 A. B.	ADDRESS		REC'D BY REGISTRAR	25b. REGISTRAR'S SI			
	CHAMBERS FUI	NERAL HOME	1400 CHAPAN ST.	WASH, D.C. DATE	SEP 1 9 '60	Z (/m/////) / MARIA		

TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has not be refer and by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled page 3 should be detached far use as the buriol-transit permit. Then pleam remove carbon papers. Pages 1 VR A15 (4) 1SM 9/S9

y the funeral director, 2 shauld be filed with

ofter death. Page 4



	1.
X	
	3
	5
	10
I	13
	15
0	MEDICAL CERT FICATION
1	2:

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town! NAME OF HOSPITAL (If not in hospital give street oddress) e. IS RESIDENCE YES | NO NAME OF Middle DECEASED (Type or print) 1960 JE LINDER 1 YEAR JE LINDER 24 HRS 7. MARRIED NEVER MARRIED AGE (in years last burthday) Months Days DIVORCED [7] WIDOWED [USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 131 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) RE - Own Home PODZEMI 17 INFORMANT ANDREW A, KURTZ (HUSBAND) CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MINUTES **DUE TO** HEART Conditions if ony, which gove rise to immediate **DUE TO** couse (a), stating the underly ng couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) PERFORMEDT YES I NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month Doy, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) (Stote) foctory, street, office bidg. etc.) Hour on -Not white of work of work p m 21 1 certify that (1) (this haspital) attended the deceased from JUNE 1960 to SERT. 17, 1960 that (1) (well lost 24-19,657 and that death occurred at 3/4M, from the couses and on the date stated above. sow the deceased alive on A-C 220 S GINATURE 226 DATE SIGNED ATTENDING ! MED DIRECTOR 22d ADDRESS 22c PHYSICIAN'S BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Bloomingrose Methodist Church Cem. Friendsville. Garrett. Md. Sept. 21, 1960 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS brner E. Pumphrey Inc., Silver Spring, Md. DATE SEP 21 '60 Cilling & Flows

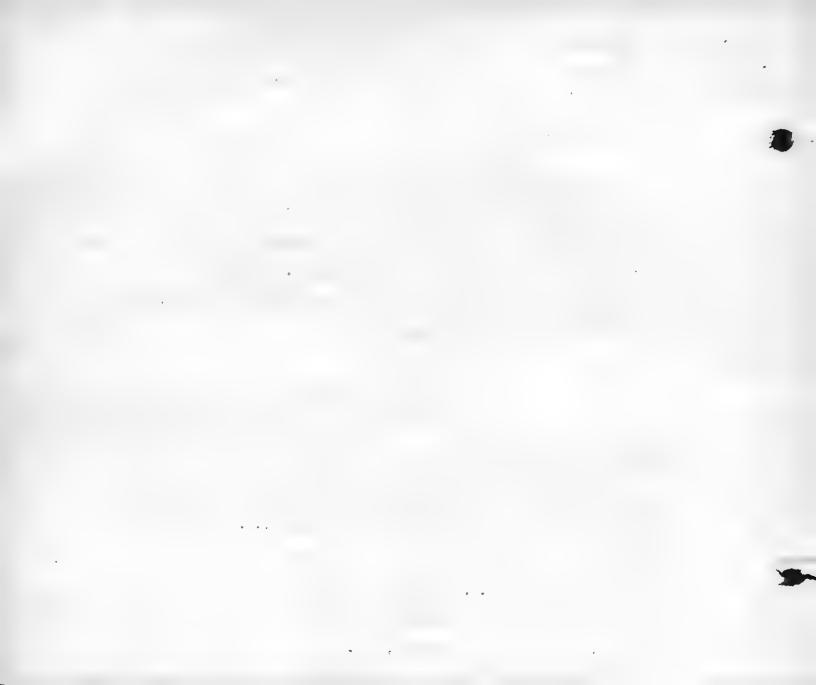
75M 9/59

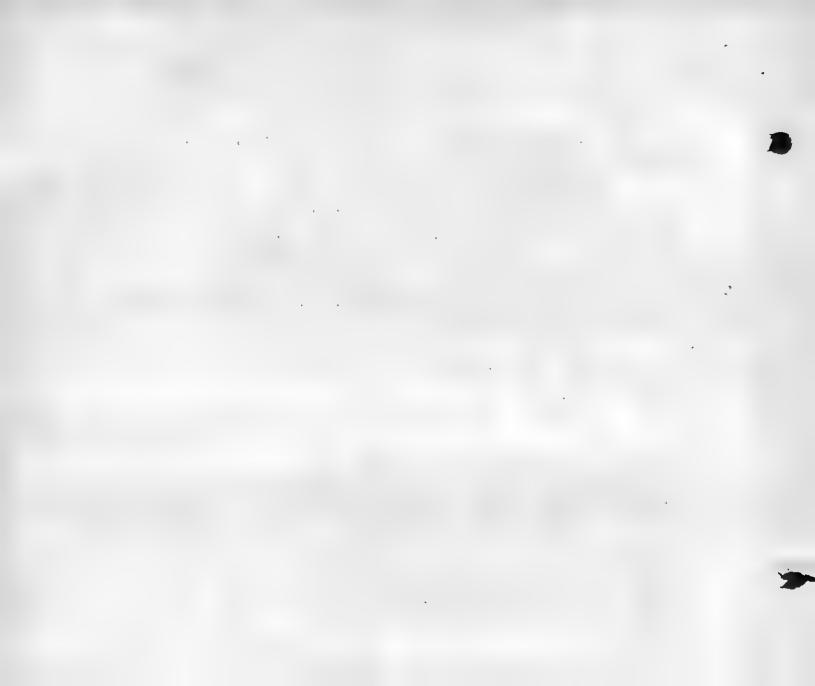


death.

requires that the deoth certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





New Jersev

24b REGISTRAR'S SIGNATURE

Chilling S. Flyans

23 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

CERTIFICATE OF DEATH

Reg Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomery New Jersev b. CITY OR TOWN (If outside corporate fimils, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 15 days Jersev City Bethesda d NAME OF HOSPITAL (If not in haspital, give street oddress)
OR NSTITUTION d. STREET ADDRESS ON A FARM? 208 South Street The Clinical Center YES NO IX NAME OF First Middle 4. DATE Month September (Type or print) DEATH 20 19 60 Carole Ann Lane 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED S. SEX B DATE OF BIRTH 9 AGE (in years ost birthdoy) IF UNDER 1 YEAR IF JNDER 24 HRS Female November 18, 1936 DIVORCED | WIDOWED [White yrs. 10a USUAL OCCUPATION (Give k'nd of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CIT, ZEN OF WHAT COUNTRY? U.S.A. None New York Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vera Giovanntti Frank Calnan IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. The Medical Record Address No Unknown The Clinical Center, Bethesda ll. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 3 hours PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). Cardiac arrhythmia and arrest DUE TO Rheumatic Heart disease with mitral stenosis (b) and insufficiency years Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. PERFORMED? YES 🎮 NO 🗆 20a ACC.DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) factory street, office bldg., etc.) Not while ol wark ol work 21. I certify that I attended the deceased fram September 5, 19 60, to September 20160, that I last saw the deceased alive an September 20 and that death accurred at 12:25 PM, from the causes and on the date stated above. 1960 ADDRESS (Street, city or town, stote) M.D. The Clinical Center, National PHYSICIAN'S James L. Talbert. M.D. NAME (Type) Institutes of Health, Bethesda ll., Maryland 22b. DATE THEREOF 220. BUR AL CREMATION, 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 9/21/60 Flower Hill Cemetery

ADDRESS

Bethesda, Maryland

Bergen

24a. REC'D BY REGISTRAR

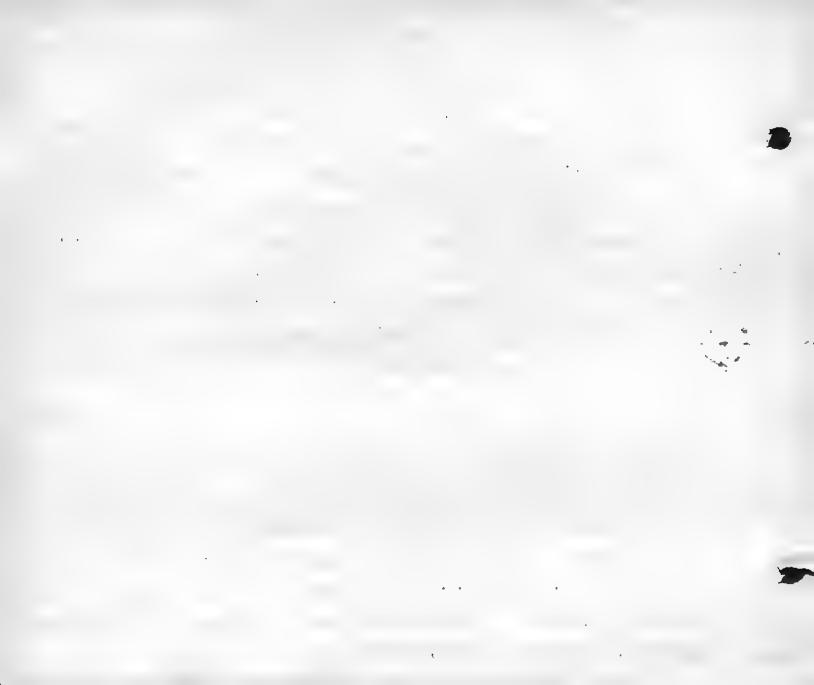
DATE SEP 2 2 '60

DIRECTOR 1SM 9/SB

nerol director, be filed with

attending

VS A1S (4)



(State)

Vigginia

director,

2

death. eral

certificat

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CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY b. Frince George MARYLAND Montgomery CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give negrest town).
Bethesda (Rural 13 days Forest Heights d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? U. S. Naval Hospital 434 Quade Street YES NO K NAME OF Middle 4. DATE Lest Month Day Year DECEASED OF Robert LANHAM 19 60 (Type or print) Manuel DEATH September 6. COLOR OR RACE 7 MARRIED A NEVER MARRIED IE LINDER 1 YEAR IE LINDER 24 HRS 5 SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Male Caucasian DIVORCED | 6-29-20 LIO WIDOWED [10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. Navy Kentucky U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rufus L. LANHAM Dettie E. MANUEL 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address 400-18-8222 Yes Mrs. Marion R. Lanham, same as #2 above to 18. CAUSE Of DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY med IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. PERFORMED? YES X NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f, (City or town) Dov Year 20d INJURY OCCURRED (County) (Stote) factory street, office bldg , etc.) Hour om Not while of work of work p. m 19 60, ta Sept. 22, 19 60, that (I) (1980 last 500), from the causes and an the date stated above. 19 60, that (1) (180 last 21. I certify that (1) phishing intended the deceased from Sept. saw the deceased alive an Sept. 22, 1960, and that death occurred at 22o. SIGNATURE 22b. DATE SIGNED MED. M D PHYS 9-22-60 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) U. S. Naval Hospital, Bethesda, Md. D. HOOFER. LT. MC. USN

23c NAME OF CEMETERY OR CREMATORY

Arlington National

ADDRESS

1661 Good Hope Rd.SE. WashDC

23d LOCATION (City town, or county)

256 REGISTRAR'S SIGNATURE

arthur S. Homes

Arlington

250. REC'D BY REGISTRAR

SEP 2 6 '60

15M 9/59

PR ATTEN

23a BURIAL, CREMATION, 23b. DATE THEREOF

24. FUNERAL DIRECTOR'S SIGNATURE 31413

REMOVAL (Specify)

Buria

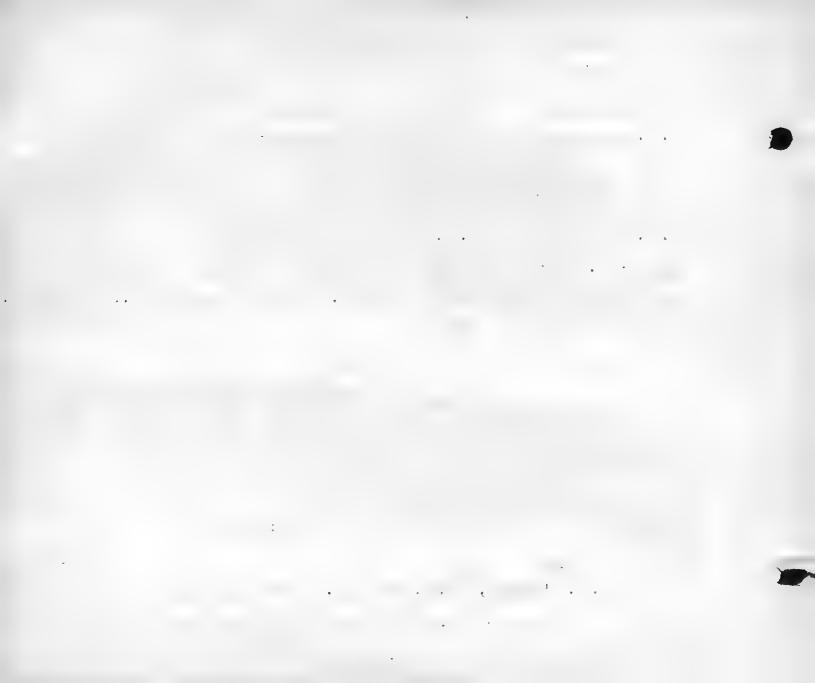


DR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ha

TO HOSPITA

ter death, Poge 4

	0513	CERTIFICA	TE OF DEATH	4				
D. COUNTY Mont	gomery	MARYLAND	2 USUAL RESIDENCE (V	Where decease	d lived. If institution b. COUNTY	on: Residence b	efare admiss	ion)
b C TY OR TOWN (If RJRAL and give nea	autside carporate limits, s	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f autside carpo	orate timils, write R	URAL pnd give	nearest tawn)
Bethesda	Acces to A	40 days	Alexandria			8	X n	DE,
d NAME OF HOSPITA	I (If nat in haspital, give		d STREET ADDRESS	4	•		e IS RES	
U. S. Nav	al Hospital		805 Chalfo	805 Chalfonte Drive			ON A FARM? YES NO X	
NAME OF DECEASED	First	M ddle	Last	4. DATE	Man		Day	fear
(Type or print)	Samuel	Edwin	LATIMER	DEATH	Sept	cember	16	9 60
SEX	6. COLOR OR RACE 7	MARRIED . NEVER MARRIED	B DATE OF BIRTH		9 AGE (In years	IF JNDER 1 YE		R 24 HR5
Male	Caucasian w	DOWED DIVORCED	5-11-02		last-birthday) 50 yrs	Manths Doy	s Hours	Min.
a. USUAL OCCUPATION	N (Give kind of work dan	e 10b. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (SIG	te ar fareign c	auntry]	12. CITIZEN	OF WHAT C	OUNTRY
during most of worki	ng life, even if retired)					1757	٨	
U. S. Nav	1	U. S. Navy	District 14. MOTHER'S MAIDEN		undla	US	A	
	E. LATIMER		Elisabeth	SMITH				
	IN U. S. ARMED FORCES f yes, give wor or dates of service		NFORMANT		Addı	ress		
	1924 to 1953	Unknown M	ary K. LATIME	ER, 805	Chalfonte	Dr.,Al	Lexand	ria,
~		per line for (a), (b), and (c).					NTERVAL BE	
PART I. DEAT	H WAS CAUSED BY.	111111	01 1. 6	2	1.0-1	4	INSET AND	DEATH
1 .	IMMEDIATE CAUSE (a)	· sunov	Carrie Derrice	1	agreem			
1 ! (DUE TO		1				7 1	
Canditians, if an		16	dung	/	11		3 -	
cause (a), stating th			100		-		1	
lying cause last.) (c)	Corremence	premery	1	Myrum.	Early	(2 °C	12
PART II OTHI	R SIGNIFICANT CONDIT	ions <u>contributing to death b</u> u	T NOT RELATED TO THE TER	MINAL DISEAS	CONDIT ON G V	EN IN PART 1(c	PERFO	AJTOPSY RMED? NO []
PART II OTHE	CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	n Port I or Po	rt II of item 18.)			
Haur a.m.	10	20d INJURY OCCURRED 20e. P While Nat white for wark at work	LACE OF INJURY (Home, fa actory, street, office bldg., e	erm, 20f (Cit	y ar lawn)	{Caur	ily)	(State
			8.7.60		0.16	60		
21 I certify that	(1) (this haspital) o	attended the deceased fram.		2,.ta_	9-16		that (I) (
saw the decease	ed alive an2	19 60, and that	death accurred at	: 为的社员 w	the causes an	d on the de	ate stated	abave
22a. SIGNATURE			ATTENDING		47.455		22	SIGNE
	1110.	10	M.D. PHYS.	MED DIRECTOR	STAFF PHYS		9/1	7/60
22c. PHYSICIAN'S	10100	-elf	22d, ADDRESS					
NAME (Type)	H. O'CONN	ELL. LCDR, MC, USN	U. S. NA	VAL HO	SPITAL, B	ethesda	Md.	
30 BURIAL, CREMATION	1, 236 DATE THEREOF	23c NAME OF CEMETERY			TION (City, town,		(Stat	e)
REMOVAL (Specify)	/ 9-20-60	Arlington Na			ington		irgin	
Burial		1 DOSMODIESS		C'D BY REGIS		STRAR'S SIGNA		2,40
WILLIAM !	July July							
Jos! Gawler	s's & Sons,	1756 Penn. Ave.,	W, Wash Doate	SEP ZU	00 1 1	rthun 3 %	Bush	



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
W 0.5	10514 CERTIFICATE OF DEATH Reg. Dist. No. 111463						
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ENDING the hasping the hasping	21. I certify that I attended the deceased from Aug 5 , 1960, to 1960, that I last saw the decease alive on 9 , 1960, and that death occurred at 32PM, from the causes and an the date stated above						
PR ATTE	ACTUAL SIGNATURE Harry M.D. 5527 Survey Str 9256						
RAL Ell should istrar p	PHYSICIAN'S IJ, J, Kicherer Chevy Chese, Wil						
Poge 3	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL Sept 27, 1960 MT OLIVET WAJH (Stote)						
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LIVE SEP 27'60 ADDRESS ADDRESS						



CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decepsed lived If institution: Residence before odmission) a. COUNTY **5 COUNTY** MARYLAND b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town Kensington d NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION Baor YES NO [NAME OF 4. DATE OF Middle Month Year DEATH (Type or print) ewis 19 (5) IF UNDER LYEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9 AGE (In years last birthday) Months Days Hours DIVORCED [WIDOWED X 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during roost of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? : US & Wi INGINIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 17 INFORMANT INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c)] PART I. DEATH WAS CAUSED BY.
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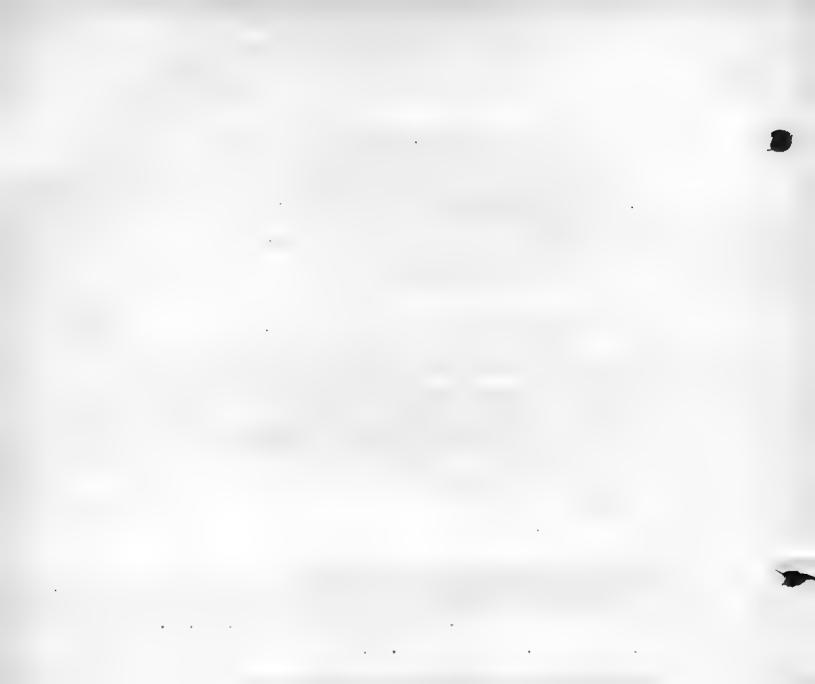
MARYLAND STATE DEPARTMENT OF HEALTH

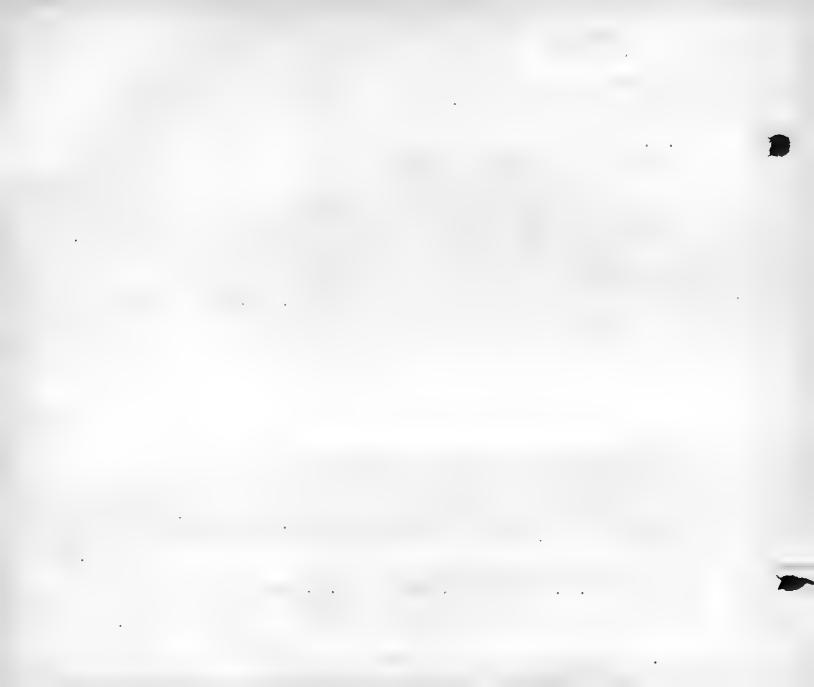
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

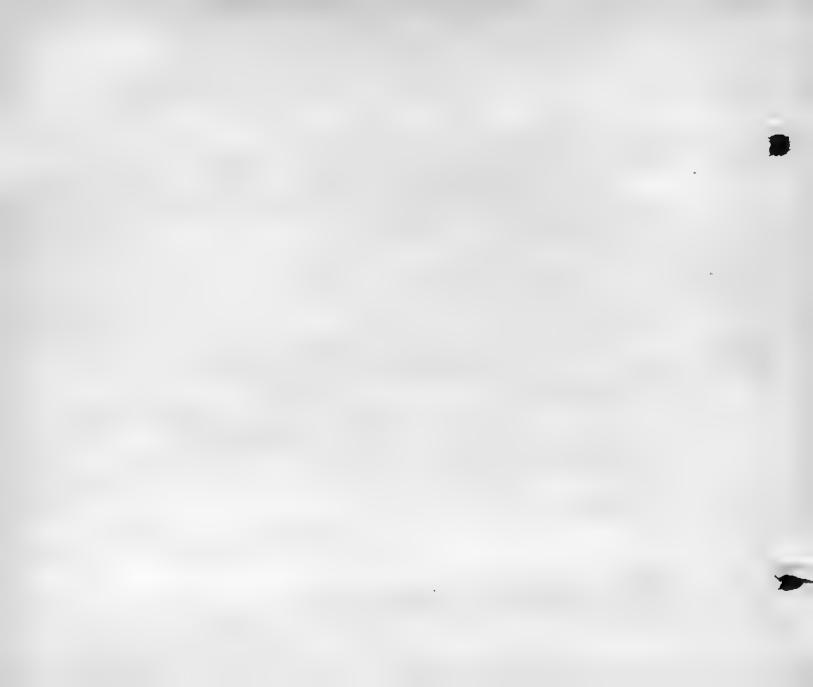
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	10/492 CERTIFICATE OF DEATH
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5	d NAME OF HOSPITAL (If not in hospital, give street address) or Institution Washington Saniarium + flospital 6633 Barnaby St. IV. W YES NO
	3 NAME OF DECEASED (Type or print) FREDERICK (LINCOLM DEATH Sep. 16 1960
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	13. FATHER'S NAME TYPE INCOLO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT Address
	1/es, no, or unknown] If yes, give wor or dates of service) Hospital Reports
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY AND DEATH HOURS IMMEDIATE CAUSE (a) MYOCARDIAL FAILURE Conditions, if only, which (b) CONGIESTIVE HEART DISEASE (CONCINT)
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	21. 1 certify that (1) (this hospital) attended the deceased from 1960, to Sept. 15, 19 100 that (1) (the) last saw the deceased alive an 1960 and that depth accurred 1990, from the causes and an the date stated above
	220 SIGNATURE M.D. PHYS DIRECTOR DIRECTOR STAFF 220 ADDRESS 221 ADDRESS 222 ADDRESS 223 ADDRESS
	Lynwood Heiges 6940 Piney Branch R., N.W., Wash, D.C.
	23d DUNIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City fown, or county) Cremation 9/20/60 Ft. Lincoln Crematory Pr. Geo. Co., Maryland
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash, DC 250 REC'D BY REGISTRAR SIGNATURE DATE SEP 2 0 '60 Chilling & Thank





1 \.		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND; () 19
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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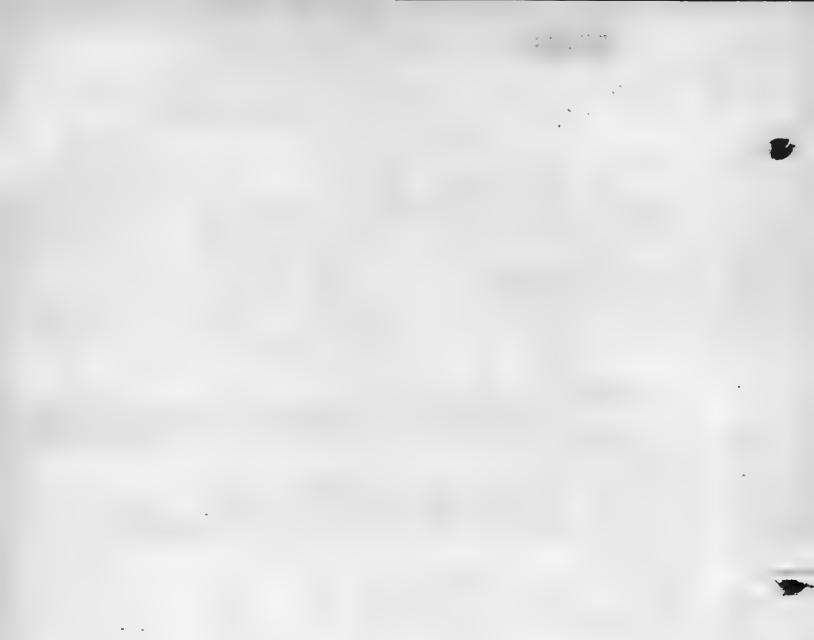


10404 CERTIFICATE OF DEATH Reg. Dist. No. directa PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a STATE **b** COUNTY MARYLAND MONTGOMER NW b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negreti town) RURAL and give nearest town) TO SPRING. MARYLAND WASHINGTON d NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS a IS RESIDENCE OR INSTITUTION ON A FARM? YES NO N FAIRLAND NURSING HOME NAME OF Middle 4. DATE Day Manth Year DECEASED OF DEATH (Type or print) 19 5 SEX 6 COLOR OR RACE 9. AGE Un years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B. D'ATE OF BIRTH last birthday) Manths Days Hours WIDOWED N DIVORCED papers. FEMALE WHITE YES. comple 10a. USUA. OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) and YOU'LE WIFE NEW carban JERSE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROSEN 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT attending p Mass Av. N.W NKNOW 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 2 ned IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20s. PLACE OF INJURY (Hame, form | 20f. (City or town) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (County) (State) Haur a.m. factory, street, office bldg , etc.1 While Nat while D m at wark at wark 1969hat I last saw the deceased 21. I certify that I attended the deceased fram at M, fram the causes and an the date stated above and that death sccurred alive an ADDRESS (Street, city ar tawn, state) DATE SIGNED DIRECT ACTUAL CONTACTORS ₽ shoul PHYSICIAN'S FUNERAL NAME (Type) 22a BURIAL CREMATION. 22b. DATE THEREOF 22d, LOCATION (City, 22c NAME OF CEMETERY OF CREMATORY at caunty (State) ARLINGTON NATIONAL CHARTA 0 INERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE VS A35 (4) DATESEP 21 arthur & Hours '60 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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ificat Ificat TOP TOP	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
DICA arded REC	death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner .
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0 2 4 0 9	Burial 9-9-1960 Rock Creek Cemetery Washington, D.C.
VS. ATEME	23. FUNERAL DIRECTOR ADDRESS WASH, 6 57 240. REC'D BY REGISTRAR'S SIGNATURE
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10472 10405CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND NTGOMER b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If posside corporate limits, write RURAL and give nearest town) **SURAL** and give nearest town). OPRING שק d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO 3. NAME OF Middle 4. DATE First Month Day Yeor DECEASED OF DEATH (Type or print) EN 1960 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. GOLOR OR RACE 8. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED 9. AGE (In years lost birthday) Months Days WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) UMBER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. LESAPERNO ST. SI. SA 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and, (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hogheldh or 100 IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** coese (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 19 WAS AUTOPSY PERFORMEDS YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.] Hour a. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram. that I last saw the deceased and that death accurred at O.7.5 f.M., fram the causes and an the date stated above. alive an_ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Igwn, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE V\$ A15 [4] 15M 9/55 SEP 1 5 '60 Children & A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY **b** COUNTY MARYLAND Montgomery Pennsylvania Delaware b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give pearest town)
Bethesda 2 days Upper Darby e IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 7020 Guilford Road The Clinical Center YES TO NO IX NAME OF 4. DATE First Middle Month Day Year William September Oscar Marrin. Jr. DEATH 19 60 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED A NEVER MARRIED B DATE OF SIRTH 9 AGE (In years lost birthdoy) Days April 3, 1918 Male White DIVORCED [7] WIDOWED [12 CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Commercial Artist Pennsylvania U.S.A. Printing 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William O. Marrin Bertha Sitler 17 INFORMANT The Medical Record 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO Address Yes, no. or unknown. World War 167-18-6818 The Clinical Center, Bethesda 14, Maryland INTERVAL SETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Cardiac_Arrest IMMEDIATE CAUSE (o) DUE TO Calcified Aortic Stenosis Conditions, if ony, while (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I at Part II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not while ot work ot wark p. m. 21 I certify that (1) (this haspital) attended the deceased fram September 11 19 60 (September 1319 60, that (1) (we) last and that death accurred at 3:03, Fram the causes and an the date stated above saw the deceased alive an Sept. 220 SIGNATURE 22b. DATE ATTENDING PHYS.

22c PHYSICIAN'S NAME (Type) Benson R. Wilcox. M.D.

60 /

The Cainical Center, National Institutes of Health, Bethesda, Maryland 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, town, or county)

SEP 15 '60

Highland

(Stote) Park Penna.

24 FUNERAL DIRECTOR'S S GNATURE

REMOYAL (Specify)

230 SURIAL, CREMATION, 236 DATE THEREOF

Robert ArPumphrey

Montrose Cemetery ADDRESS

Bethesda, Maryland

250 REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

15M 9/59

DIRECTOR

FUNERAL

shauld

and boa 72 hg

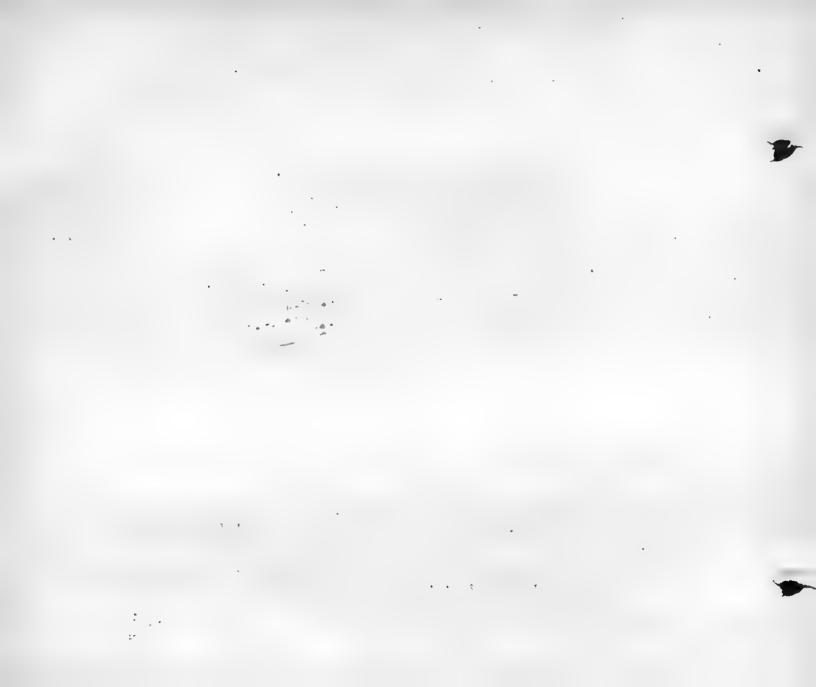
remave

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physician (within 3

gui

requires that the death certificate



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		00.8		CERTI	FICA	E OF D	EAIN						
1.	PLACE OF DEATH O. COUNTY Montgomery			MAR	YLAND	2. USUAL RESIL O. STATE Pennsy			d fived If institution b. COUNT	ry	asidence befo		ssion)
	b. CITY OR TOWN (if a RURAL and give near		s, write	c. LENGTH OF STAT	(IN 16	c CITY OR I	TOWN (If or	iside corpo	rote limits, write	RURAL	and give ne	arest tow	n)
	Bethesda			10 days		Normal	ville		-		,		
	OR INSTITUTION The Clinica	(If not in hospital, g			Md.	(No st	reet a	ıddres	13)		7	ON	SIDENCE A FARM? NO
3.	NAME OF	Fire		Middle	e	Las		4. DATE		onth	٥	ау	Yeor
	DECEASED (Type or print)	Alb	ert	(Non	e)	Mag	v	OF DEATH	Sep	teml	oer	2	19 60
5 !	SEX	S. COLOR OR RACE	7 MARRI	ED NEVER MARR		DATE OF BIRTH	H		9. AGE (In year	s IF U	NDER I YEAR	IF UND	
10	Male	White	WIDOWE	D DIVORC	ED 🗆	June 1			54 yr	\$	nths Days	Hours	
l Ga	USUAL OCCUPATION	(Give kind of work og (g life, even if retired)	lone 10b, I	KIND OF BUSINESS	OR INDUST	RY 11 BIRTHPL	ACE (Stote o	r fareign c	ountry)	[1:	2 CITIZEN O	F WHAT	COUNTRY
	Miner			Mining			ennsyl		1		U.	S.A.	
[3	FATHER'S NAME					14. MOTHER'S							
	Milton May					Lilly	Ritno	ur				***	
	WAS DECEASED EVER I	N.U.S. ARMED FOR: yes, give war or dates of se		SOCIAL SECURITY NO), 17, INI	ORMANT The	e Medi	ical F	ecord A	ddress			
	No		2	208-07-421	6 Th	e Clinic	cal Ce	enter,	Bethes	da	LL Ma	ryla	nd
		Enter only one co WAS CAUSED 8Y: MMEDIATE CAUSE (o)	Day	e far (a) (b), and (c)	*						ON		ETWEEN D DEATH
Conditions if ony, which gove rise to immediate couse (o), stoting the under: DUE TO Metastatic Carcinoma DUE TO								J	Unknown				
PERF YES 20g ACCIDENT WAS LINDERLYING [20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury to Port Lot Port Lot from 18.)									PERF	AUTOPSY ORMED?			
	OR CONTRIBUTING E	J CAUSE OF DEATH EDICAL EXAMINER)											
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not while p. m. 19 at wark										(State			
	21 I certify that (I) (this haspital) attended the deceased fram August 23 10 60 to September 2960, that (I) (we) los saw the deceased alive an September 219 60, and that death accurred 10p M, from the causes and an the date stated above 220 SIGNATURE ATTENDING MED DIRECTOR STAFF X 9-3-60 22c. PHYSICIAN'S NAME (Type) EDWARD E. MORSE, M.D. The Clinical Center, National Institutes of Health, Bethesda 11, Md.												
E	BURIAL, CREMATION, REMOVAL (Specify) BUTISLUTE	ensit 9-	3-60	Normal	Vill	CREMATORY B. Came:		23d LOCA Faye		unt	у, І	enn	
-	FUNERAL DIRECTOR'S		_	ADDRESS				BY REGIST			E'S SIGNATI		
ŀ	ROBERT A.	PUMPHRE	Y	BETHESD	A, M	U.	DATE	n = 16	0 6	Liline	1 S. Ku	J. B.J.	

may be revined by the haspital ar attending physician.

SunERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 the State Board of Health prior to burial, cremotian, ar removal, and in any event, within 723-bours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO FUNERAL TO HOSPIT

the funeral director, should be filed with

after death. Page

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY **b.** COUNTY MARYLAND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write SURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give necrest town) and give negres! town! BETHESDA BETHESDA 5 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? Hospital YES NO X 5314 Glenwood Rd-NAME OF First Middle 4 DATE Month DECEASED (Type or print) DEATH NETTIE THINE MC AGHON 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IFUNDER TYPAR IF UNDER 24 HS DIVORCED [7 WIDOWED [yrs Female White 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) . HOUSEWIFE VTRGTNTA U_S_A pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY MARY CATHERINE REDUINE Address AME AS ABOVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 136, SOCIAL SECURITY NO. 17 INFORMANT Iff you give war or dates of service! CATHERINE SHREEVE) 15 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Sudole IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stating the underlying couse lost. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOP PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lawn) total while high while Month, Doy, Year (County) (Stole) of work of work 21. I certify that I took charge of the remains described above, held an Autopsy (3). Inspection 17. Inquiry 4 and in my opinion death resulted from: Natural causes ... Accident | Suicide . Homicide . Undetermined monner DATE SIGNED CHIEF MEDICAL EXAMINER [7] ₫ ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) Shou FUNITE 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) (Stole) Burial 9 - 7 - 60Parklawn Cemetery 40 Rockville. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda. Md. DATISEP 5A4 2757



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VS A15 (4) 15M 9/SB



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10477

	PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a STATE b. COUNTY								
	b. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) Bethesda (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairfax								
3	d. NAME OF HOSPITAL (if not in hospital, give street or INSTITUTION	oddress)	d STREET ADDRESS e. IS RESIDENCE ON A FARM?								
Į,	U. S. Naval Hospital		338 Jean Street								
	3. NAME OF First	Middle	Lost 4. DATE Month Day Year								
	(Type or print) Patricia		MC NABB DEATH September 23 19 60								
Ì	S SEX 6 COLOR OR RACE 7. MARR	IED 🗌 NEVER MARRIED 🔼	B. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS								
	Female Caucasian widowi	DIVORCED [9-21-60 (dsf birthday) Months Days Hours Min.								
	10a. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY								
			- Maryland U.S.A.								
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	Joseph Michael MC NARB		Mary Evelyn FULLER								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IN	IFORMANT Address								
.	No	None (F) Jos. M. McNabb, same as #2 above								
.	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
-	PART I, DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	anoxen	Colin								
	DUE TO	1/11/1/1/1	1 1 ~ 111 1								
	Conditions, if ony, which) (b) Ayland membrain disease 40 hr.										
	gave rise to immediate Couse (a), stating the under-	gave rise to immediate Quis 70									
ĺ	lying couse last. (c) frematurity 772										
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT PRIVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES 62 NO										
	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	Hour a.m. While		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State tory, street, office bldg., etc.)								
	21 I certify that (I) (this controls attended	led the deceased from	Sept. 21 1960, to Sept. 23 1960, that (1) page las								
	saw the deceased alive an Sept. 23 ,19 60, and that death accurred at M, from the causes and an the date stated above										
	220. SIGNATURE	1/	22b, DATE								
ĺ	AMO PHYS MED STAFF DIRECTOR STAFF DIRECTOR PHYS. [] 9-23-600										
	22c Phrist An's NAME (Type) 22d ADDRESS										
	L. G. THORNE,	LT, MC, USN	U. S. Naval Hospital, Bethesda, Md.								
	230. BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY O									
	Burial (Spec /y) 9-27-60	Arlington									
	22 Minteral DUNCTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE								
	R. A. Pumphrey Funeral Hom	e, Bethesda, M	d. DATESEP 28'60 without I. Thomas								
	97777 777										



TO HOSPIT. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has be remarked by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 shauld be detached for use as the buriol-transit permit. Then please remarked carbon papers. Pages 1 the State Board of Health prior to buriol, crematian, or remarked, and in agreement within 72 hours after death

VR A1((4) 15/4 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10478

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If instit	
o. COUNTY Montgomery MARYLAND o. STATE Maryland b. COUN	Montgomery Montgomery
b CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write	RURAL and give nearest town)
RURAL ond give nearest tawn) Bethesda 3 days Rockville	13
d NAME OF HOSPITAL (If nat in hospital give street address) OR INSTITUTION d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda, Md. 235 North Adams Street	YES NO X
3 NAME OF First Middle last 4, DATE M	lonth Day Year
DECEASED (Type or print) Jack Leon McNeil, Jr. DEATH Septem	ber 23 19 60
5 SEX 6 COLOR OR RACE 7. MARPHEN TO NEVER MARPHEN FOR R DATE OF BIRTH 9 AGE (12 years)	IF UNDER I YEAR IF UNDER 24 HRS
Idst birmody	7) Months Days Haurs Min.
10g LSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) None (Student) None Virginia	USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Jack Leon McNeil, Sr. Barbara Prater	
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT The Medical Record A	ddress
no (If yes, give wor or dates of service) None The Clinical Center, Bethe	sda ll. Maryland
18 CAUSE OF DEATH [Enter anily one cause per line for (a) (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a] Pneumonitis	onset and death
IMMEDIATE CAUSE (a) PTIGUMONIUS	d o day
Conditions, if any which) (Cystic Fibrosis of the Pancreas	Birth
gove rise to immediate Dus To	AND ONLY OF THE PERSON NAMED IN
couse (o), signing the unger-	
/ (G	GIVEN IN PART 1(a) 19 WAS AUTOPSY
PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF	PERFORMED? YES ICI NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a.m. P m. 19 at work at	(County) (State)
Hour a. m. While Not while ractory, street, ortice diag., etc.)	
21 I certify that (I) (this haspital) attended the deceased from September 20160, to Septembe	r 2319 60 that (1) (we) last
saw the deceased alive an Sept. 23 1960, and that death accurred 6125pm, from the causes	
22º SIGNATURE	22b DATE
MD PHYS DIRECTOR D PHYS	9/24/60
22c PHYSIC AN'S NAME (Type) 22d ADDRESS The Clinical Cen	ter, National
HUGH EVANS, M.D. Institutes of Health,	Bethesda 14, Md.
230 BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City tow	n, ar county) (State)
REMOVAL Specific 1/2 1/60 Parklawn Roc'.v'???,	rd.
24 FUNERAL DIRECTOR'S S GNATURE, INCOME HOLD ADDRESS 250 REC'D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
1131 4. Mont o er Ave Rockville, Md DATE SEP 2 8'60	Circhina & House





William Henderson

PART II. OTHER SIGNIFICANT CONDITIO

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate

cause (a), stating the underlying couse last

p m

alive an 4

ACTUAL SIGNATURE

PHYSICIAN'

NAME (Type

200 ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month,

John

Robert A. Pumphrey

220. BUR AL, CREMATION, 226 DATE THEREO!

23 FUNERAL DIRECTOR'S SIGNATURE

IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

IMMEDIATE CAUSE (a)

1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

DUE TO

DUE TO

Doy. Year

21. I certify that I attended the deceased fram

G.

19

None

20d INJURY OCCURRED

ADDRESS

Bethesda, Maryland

DATE NOT

of wark at wark

While

Fawcett

CERTIFICATE OF DEATH

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Marvland Montgomerv c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Rural-Germantown d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? R. F. D. YES X NO DATE Manth Day Year OF DEATH 1960 AGE (In years 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Hours yes. 12 CITIZEN OF WHAT COUNTRY? Sax Texas US 14. MOTHER'S MAIDEN NAME Elizabeth Nelson III-CAMALI Address Mrs. Thomas Kelley-daughter-same 2d INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES TI NO 30 20b DESCRIBE HOW INJURY OCCURRED (Enter notune) of injury in Part I or Port II of item 18) 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) 1948 1960, that I last saw the deceased and that death accurred at 12:30 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, at county) 22c. NAME OF CEMETERY OR CREMATORY (State) Darnestown Cemetery Darnestown, Maryland 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

Cirthur & Kraus

FUNERAL DIRECTOR: rendined 3 shauld poge 0 15M 9/58

physician 3

ottending

remove

No

VS A15 (4)



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

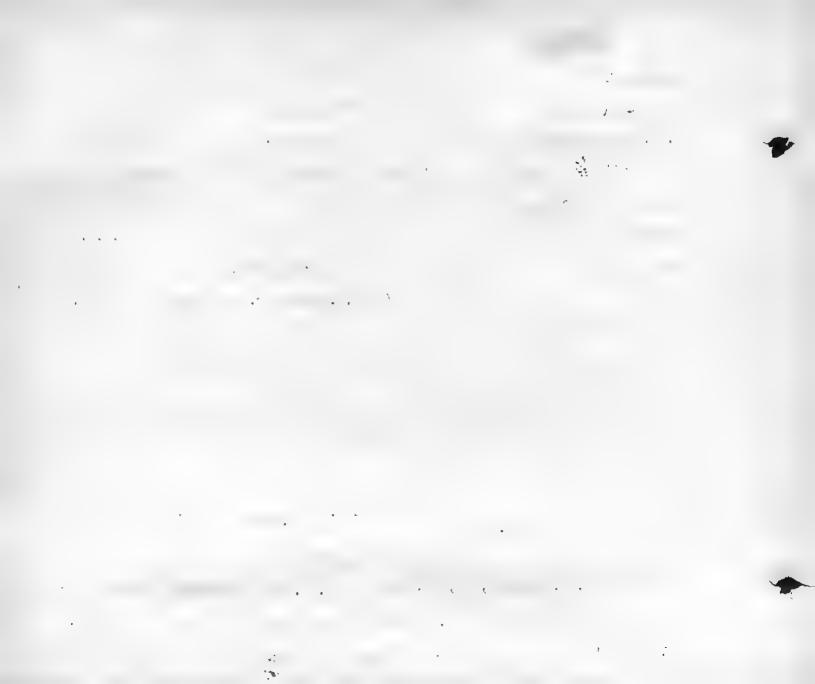
10481

			CERTIFIC		OI DEAII				20, 00	-24
1. PLACE OF DEATH o. COUNTY Montgomery	,		MARYLA	2 U	SUAL RESIDENCE (V STATE ONNECTICU	Where deceased	lived. If instituti b. COUNTY	on: Resident	ce before adm	iission]
b. CITY OR TOWN (I	f outside corporate limit	s, write	c LENGTH OF STAY IN	1b c	CITY OR TOWN (I	f outside corpo	rote limits, write R	URAL ond g	give nearest to	wn)
RURAL and give no			6 days	3	last Haven	1				
OR INSTITUT ON	AL (If not in haspital, g	ive street (address)		STREET ADDRESS		11-		10	ESTDENCE A FARM?
U. S. Nava	1 Hospital				8 Burr St				YES	□ NO 🔀
3. NAME OF DECEASED (Type or print)	Fin Mai		Middle Frances	3	lost MESNER	4. DATE OF DEATH	Septe	mber	29	19 60
5 SEX	6 COLOR OR RACE	7. MARR	IED 💹 NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years last birthday)		1 YEAR IF UN	
Female	Caucasian	WIDOWE	DIVORCED]	2-2-96		64 yrs.	Manths	Doys Hou	rs Min.
10a USUAL OCCUPATIOn during most of wark Housewife	DN (Give kind of work or king life, even if retired)	lone 10b	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Sto		ountry)		ZEN OF WHA	TCOUNTRY
13. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME				
Daniel REI	HIY				Cathern (URRAN				
200	(If yes, give wor or dates of M	HYICE)		S) R	G.Mesner	Jr.,11	Add 7 Commons	25.4		BETWEEN
Conditions, if a gave rise to i cause (o), storing lying couse lost.	mmediate the under-		Cere br	-			E CONDITION G		T 1(0) 19 WA	wks,
(IF EITHER, NOTIFY	AS UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	JRRED. (En	er noture of injury i	in Part I ar Par	t II of item 18.)		YES	NO E
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo	White of worl	Not while	e. PLACE C foctory,	F INJURY (Home, fo street, office bldg., o	erm, 20f. (City	or town)	(C	County)	(State
	t (∦ (this haspital sed alive an Se)		led the deceased from 1960, and the		occurred of	LOAM	Sept. 29		•	
22o. SIGNATURE	fr. Th.	The	globy In	MD	ATTENDING PHYS	MED DIRECTOR [STAFF PHYS. 29			226, DATE SIGNET 9-60
22c PHYS+CIAN'S NAME (Type)	F. M. HIG	HLEY,	LT, MC, USI	N	22d ADDRESS U.S. N	aval_Ho	spital,	Bethe	sda, M	i
23a. BURIAL, CREMATIO REMOVAL (Spec fy) Burial-Ship	ment 9-30-0	e	23c. NAME OF CEMETER St. Lawre:				Haven	or county)	Conn.	tale)
Jos Gawler	- 4 A	1756	Penn. Ave,	W,Was		3 160		STRAR'S, SIC		

TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hosps after death. Page 4 may be it chiefled by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled with the State Baard of Health priar to burial, cremation, ar remayal, and in any event, withmark hars after death.

VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 10526director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If institution. Residence before admission) o COUNTY o. STATE h. COUNTY MARYLAND Montgomery Montgomery funerol of b CITY OR TOWN (If outside corporate limits write c LENGTH OF STAY/IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) RURAL and give negrest fown) Silver Spring Bethesda e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 3907 Isbell St.. YES INO IN Suburban NAME OF 4. DATE First Middle last Day Month DECEASED OF Meyrowitz DEATH (Type or print) Lena 19 9 AGE (Infeors last birthday) IF LINDER 1 YEAR IF JINDER 24 HRS 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED 8. DATE OF BIRTH Months Days Hours Min. White /10/85 75 Female WIDOWED T DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? pd during most of working life, even if retired) Housewife pub 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN physicio g/e IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **DUE TO** gned by Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 PERFORMED? 뤈 buriol YES T NO 200. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while at work at work D. m 21 I certify that (1) (this haspital) attended the deceased from and that death occurred at 32 M, from the causes and an the date stated above. ö 220 SIGNATURE 22b. DATE OR AT ATTENDING PHYS. SIGNED MED DIRECTOR M.D 22c PHYSICIAN'S 22d. ADDRESS should Morris Perry. 11602 Georgia Ave., Wheaton, Maryland FUNERAL

page 3 the State O VR A15 (4) 1SM 9/59

230 BUR ALVEREMATION, 23

DATE THEREOF

256. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 750 REC'D BY REGISTRAL DATE

23c. NAME OF CEMETERY OF CREMATORY

Mt. 410 n

23d LOCATION (City, lath, or county)

(Stole)



CERTIFICATE OF DEATH 111451 Rea, Dist. No. Kewsing ton PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. Jilynstitution, Residence before apprission) o COUNTY MARYLAND b. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest lown) KENS INGTON c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVY CHASE d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 5122 . IS RESIDENCE YES NO T NAME OF DECEASED OF DEATH (Type or print) 19 IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years ost birthday) Months Days Hours WIDOWED ID DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stale or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TELEPHONE OPERATOR ANSWERING SERVICE GARRETT PARK, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EPPA NORRIS LULA LASKEY IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address Mr. Eppa L. Norris, 5425 Conn. Ave., N.W. NO Washington, D. CUNTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per lipe for fa), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, form | 20f. (City or town) 20d. INJURY OCCURRED (County) (Stole) factory street office bldg etc) While Not white 21. I certify that I attended the deceased from Nov 28, 1957 Ghat I last saw the deceased and that death occurred at X = 10PM, from the causes and an the date stated above. **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 9/6/60 GLENWOOD CEMETERY WASHINGTON, D.C. BURTAI 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D ENDREGISTRIGE | 246. REGISTRAICS SIGNATUREMA SILVER SPRING, MD. ABNER E. BUMPPREY Chilmr & Trans

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TELEPHONE OPERATOR ANSWERING SERVICE GARRETT PARK, MATYLAND U.S.A.

EPPA NORRIS LASKEY

NO Yes - Mr. Eppa L. Norris, 5425 Conn. Ave., N.W. Washington, D.C.

VR A15 (4)

DIRECTO

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Page director

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased tived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) RURAL and give nearest town) j P von d NAME OF HOSPITA OF not in haspital, give street address) d. STREET-ADDRES e. IS RESIDENCE QN A FARM? YES T NO [NAME OF 4. DATE Middle Month Day Year DECEASED OF (Type or print) Pages death. DEATH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years losa birthdoy) Months Days Hours WIDOWED [DIVORCED [haurs 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12 CIT ZEN OEWHAT COUNTRY? ring most of working-life even if retired) puo 13. FATHER'S, NAME 14. MOTHER'S MAIDEN NAME thin 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service CAUSE OF DEATH [Enter only one cause per line for (a) INTERVAL BETWEEN CINSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO ۾ Conditions, if any, which igned (b) gove rise to immediate **DUE TO** couse (o), stating the underbeen si lying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REDATED TO THE TERMINAL DISTANCE CONDITION GIVEN IN PART 1(0) 18. WAS AUTOPSY cremation. RERFORMED? YES NO CERTIF 206 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (\$tote) Hour a.m. factory, street, affice bldg., etc.) While Not while of work at work p m. 23 I certify that (I) (this haspital) attended the deceased from _, that (I) (we) last and that death accurred a saw the deceased alive an .M. from the causes and on the date stated above DIRECTOR: 22a SIGNATUR ATTEND SIGNED MED. DIRECTOR STAFF PHYS. be M.D. PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNERAL page 3 shithe State 23c. BURIAL CREMATION, 23b DATE THEREOF 230 NAME OF CEMETERY OF CREMATORY 23d LOCATION (City town, or county) (Stote) REMOVAL (Specify) L1 50 11 1 1 2 71 0 24. FUNERAL DIRECTOR'S SIGNÁTURE 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) DATESEP 1 4 '60 Orlling & House 15M 9/59 who her



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HOSPIT OR ATTENION be resolved by the FUNERAL DIRECTOR:

VR A15 (4) 15M 9/59

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

prs after death. Page

by the funeral director,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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10437 CERTIFICA	ATE OF DEATH	16405
1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	- CTATE	
b City OR TOWN (If autside corporate limits, write RURAL and give nearest town) Chevy Chase,	c. CITY OR TOWN (If autside carporate limits, write RURAL and g	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 7102 Meadow Lane	d. STREET ADDRESS 7102 Meadow Lane	e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF First Middle DECEASED (Type or print) NORMAN J.	MORRISSON DEATH Sept.	25 19 60
S SEX Male 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8/30/1893 (ast birthday) Manths 0	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if refired) Lawyer Law	Texas US	
James S. Morrisson	Herminiah Ern	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. [17. [Ves. no. or unknown] [Ves. no. or un	Mary Morrisson-wife-same 2d	The form of the part of the manner of the part of the
gave rise to immediate cause (a), stating the under-lying cause last	malosis ma of colon	2 + MONTH
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220 SIGNATURE CALLES SON IN QAZ, ME 220. PHYSICIAN'S NAME (Type) & HALLES SINIPRESE	M.D. ATTENDING MED DIRECTOR DIRECTOR PHYS DIRECTOR DIRECT	date stated above.
	k Cemetery Washington, D.	
Robert A. Pumphrey Bethesda,	Maryland 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIG	SNATURE

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1 1	MARYLAND STATE DEPARTMENT OF HEALTH
COD CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEDT	10530 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
SE SE	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY b. COUNTY
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a the	b. CITY OR TOWN (if outside corporate limit) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limit) write RURAL and give clarast lown)
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PA I	1) VIM MOSLEY NANCY MC WOGGET
語 Se	15. WAS DECEASED EVER IN L.S. ARMED FORCES? J. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address
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는 한 전투 가 되었다.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
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Pen amit sed so, o	Cause lent. (c) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. 19. WAS AUTOPSY PERFORMED?
rd " I Ex be u	DERFORMED?
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ER: Ale sho ial,	PRIMARY : or CONTRIBUTING : CAUSE OF DEATH.
First Start	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) Hour a.m. While Not While factory, street, office bldg., atc.)
Pag of y	Hour a.m. While Not While st work at work at work at work
O Prio	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
E CELEBRA	death resulted from: Natural causes 🔀 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner
Nark Wark	CHIEF MEDICAL EXAMINER
In District the transfer of th	SIGNATURE TAGER M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Sign Sign	EXAMINER'S NAME (Type) FRA 1/K J. BOSCHALT Address (Street, city, town, or county)
DEPU ease ex should FUNE	NAME (Type) A NK) 1) 1-05 Ch 2 LT Address (Street, city, town, or county) 22a BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
O DEI please 4 shou or its	REMOVAL (Spacify)
ë ë	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ; 114.90 10424 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY MARYLAND ont gomery 0174 a611111 CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give indurest town) i BURAL and give neasest town? akoma rar d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? Mississi YES NO Z HArium T Middle 4. DATE OF (Type or print) DEATH 1960 6 IF UNDER 1 YEAR IF UNDER 24 HRS 6 CONTR OR RACE MARRIED NEVER MARRIED 9. AGE (In yed)s lost birthdoy) Months Days Hours WIDOWED 127 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111 TERTIFIPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewi 3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mewton 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Terminal. IMMEDIATE CAUSE (o) **DUE TO** 1958 Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO FT 20g. ACCIDENT WAS UNDERLYING [] 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or Jown) Day, Year 20d INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 1960 1960, that I last saw the deceased affec 21. I certify that I attended the deceased from and that death accurred at 11 43 AIM, from the causes and on the date stated above. alive on L DATE SIGNED 1/600 (arro PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. NAME OP/CEMETERY OR CREMATORY 22d LOCATION (City, town, or county (State) 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIMMATURE DATE SEP Clalling Three Wishington hit

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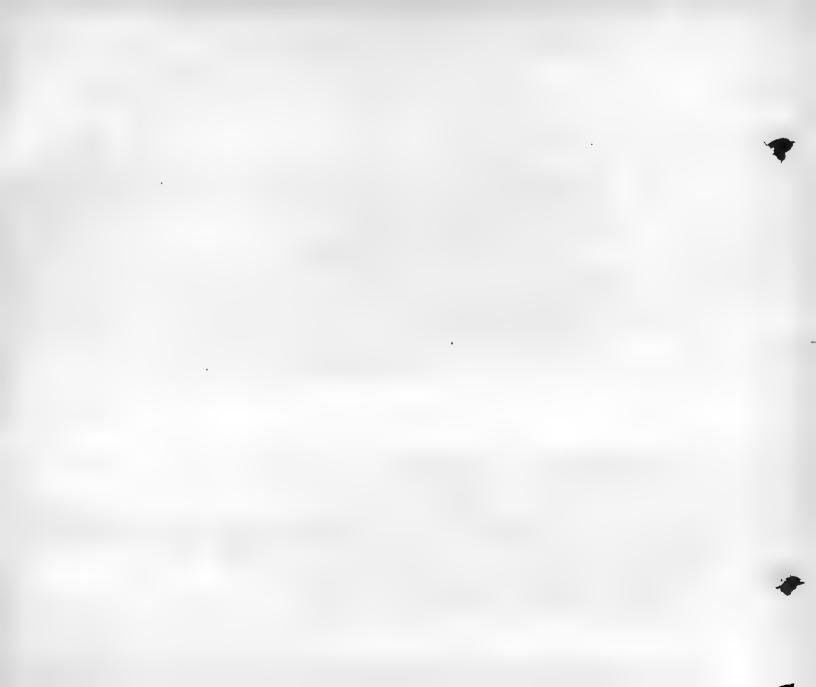
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CERTIFICATE OF DEATH director PLACE OF DEATH & 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY District of Columbia c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) Washington, D.C. d. STREET ADDRESS d. NAME OF HOSPITAL/U n IS RESIDENCE ON A FARM? 4917 42nd St., Wash., D.C. YES NO. NAME OF DECEASED (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OF RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 4 9 AGE (In years rost birthday) Months DIVORCED [WIDOWED TO 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTH during most of working life, even if retired) Farm 13. FATHER'S NAME 16 SOCIAL SECURITY NO 17. INFORMANT ARMED FORCES? Rose m. Bonki 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO CONGESTIVEHEART Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the under-ARTERIOSCIOROTIC CARDIOVASCULARDISCASE lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(q) WAS AUTOPSY PERFORMED? YES NO L 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg . etc.) Hour p. m. While Not while at work at work ... 1960, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased fram. IAL 25 1960, and that death accurred at 5-4M, from the causes and an the date stated above. saw the deceased alive an 22a SIGNATUR 226 DATE SIGNED M D PHYS 22c PHYSICIAN'S 22d. ADDRESS 230 BURIAL, CREMATION, 236, DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d COCATION (City, town, or county) burial transit 9-29-60 St. Bernards Cem. Concord. Massachusetts ADDRESS 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Pumpfirey Bethesda, Maryland Cothur S. Thous



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		10539	CERTIFIC	ATE OF DEATH	Reg.	1(49%) Dist. No.
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50 -	3	NAME OF DECEASED Type or print) BADV	Middle G. RL	. 1	DATE Month OF DEATH September	Day Yeor 17 1960
	5	emah white widow	RRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9/17/60	lest birthdoy) Month	ER TYEAR IF UNDER 24 HRS
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ors ofter de		Mark E. Nejako		Noncy J	Rinker	
72 hours		WAS DECEASED EVER IN U. S. ARMED FORCES? 1. (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO	parents	Address	
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uriol, c		21. I certify that I attended the decedalive an 17, 19		17 , 19(1), to 10 , 10 , 10 , 10 , 10 , 10 , 10 , 10		last saw the deceased the date stated above.
prior ta		ACTUAL SIGNATURE STEPHEN (2 Comwell	·	RESS (Street, city or lown, state) ontgomery Ave	nue 92/17/6
gistror pri		PHYSICIAN'S NAME (Type) Stephen C. C	romwell	Rockvill	e, Maryland	
the regi	220	BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 9/19/60	Gate of He		LOCATION (City, town, or count Silver Sprin	_
4	23	Roberts A. Rumphtey	ADDRESS	24a. REC'D BY	REGISTRAR 24b. REGISTRAR'S	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEA! 2. USUAL RESIDENCE [Where deceased lived, If institution; Residence before admission] director. Pos. e. COUNTY a. STATE Maryland b. COUNTY Nontg. Montgomery MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) Takoma Park Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM 505 Tulip Ave 505 Tulip Ave YES NO 3. NAME OF Midd s 4. DATE Month DECEASED Charles 10 Edgar New 60 DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH S. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF JNDER 24 HRS birthdey) Months 24 how ve Pages 1, PM3, Page 5 n. Tand 9 v Days Hours male white WIDOWED T DIVORCED 10a USUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, eyen if rehead)
Teacher (retired) ml. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susam Stickman WM. W. New 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) Henrietta E. New (wife) Item 2 office al 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) | INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (e) kitchen floor **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stelling the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19, WAS AUTOPSY CERTIFICATION PERFORMED? should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should be forwarded to the Chief Proverse 2 should be forwarded to the Chief Proverse 3 s 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (Stele) factory, street, office bldg., atc.) While Not While Hour a.m. et work et work 2). I certify that I took charge of the remains described above, held an Autopsy . Inspection x Inquiry oc and in my opinion Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S Frank J. Broschart NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Q 4 Q 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Cirthur & House 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



ofter death.

oug

physician

attending

DIRECTOR:

FUNERAL

ISM 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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- 1		MALES TO THE RESERVE							
	a. COUNTY	1	MARYLA	ND a. STATE	DENCE (Where of		If institution Re	esidence befo	ore admission)
	b CITY OR TOWN	f outs de corporare limits write learest town)	c. LENGTH OF STAY IN		TOWN (If outsid	e corporate lim	its, write RURAL	and give ne	drest tawn)
	d NAME OF HOSPI	TAL (If not in hospital, give street	oddress)	d STREET	G Mac	dbine	2 57:	. /	e. IS RESIDENCE
8	OR INSTITUTION	+ban		Che	Vy Ch	ruse.			ON A FARM?
a a	3. NAME OF DECEASED (Type or print)	Maril	Middle 1/2 KB 17	in o'Co		DATE OF DEATH	Month 50 +	De	Year 19 62
ľ	S. SEX		RIED NEVER MARRIED DIVORCED [B DATE OF BIRT	H 040		birthday) Moi	NDER 1 YEAR	Hours Min.
	10a USUAL OCCUPATI	ON (Give kind of work done 10b		NOUSTRY 11. BIRTHP	ACE (State or fo	reign country)	2 yn	2.CITIZEN O	F WHAT COUNTRY
1	pouse	44 1/2		Na	5h. L). C,		fl.	a).
	3. FATHER'S NAME	- 6 B. m		14. MOTHER'S	MAIDEN NAME		laide W	ntenn	
1	15. WAS DECEASED EV		SOCIAL SECURITY NO.	17 INFORMANT	Sale verk	. Auc	Address	arson	
	10	(If yes, give wer or dates of service)		Eunice	min.	nacil-	Sam	101.	
		ATH [Enter only one couse per li	ne for (o), (b), and (c)	10,0-0	ecute				ERVAL BETWEEN
	16	DUE TO	10 / 10/						Jacob
	Conditions, if a								1
	couse (a), stating lying couse lost.		lessive He	morrhog	ر عر			/	day
7	ATIC	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL	DISEASE COND	ition given i	PART I(a)	PERFORMED? YES NO
	200 ACCIDENT WORK CONTRIBUTION	AS UNDERLYING TO 206 DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCC	URRED. (Enter nature o	of injury in Port	or Part II of it	em 1B)		
	20c. TIME OF INJU Haur a. m	RY Month, Day, Year 20d I While at wor	Not while	e PLACE OF INJURY factory, street, office	(Home, form, 2 e bidg., etc.)	Of, (City or towi	٦}	(County)	(State
	21 I certify the	at (I) (this haspital) attend	Car 1	/.	1858	.ta			nat (I) (we) la
	220 S GNATURE	ised alive an/	o.C.	af death accurre	a atz_kw,	from the co	auses and a	n the date	e stated abave 22b DATE
,	0	mer son		M,D PHYS	DIRECT	OR PHY	5 :	9/8/6	0 SIGNE
	22c PHYSICIANIS NAME (Type)	James H. Scul	ly, M.D.	22d ADDR	5 I St <u>.</u> I	N. W. V	Vash. D	. C.	
	23a BURIAL, CREMATIN	ON, 236 DATE THEREOF	23c NAME OF CEMETE	RY OR CREMATORY	23d	LOCATION (C	ity, tawn, ar coi	unty)	(State)
	Buriai	9/12/60	St. Mary	s Cemeter	¥	Washin		are cichian	D.C.
	Robert A.		ethesda, Ma	rvland	DATE SEP 1	3 60	25b REGISTRAI	S. Than	
			WWW 171C	IN I LIMITA	Onic				

may be retained by the hospital an ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to bur all, cremation, or removal, and is ony event, within 72 hours after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI

after death. Page 4

VR A1S (4) 1SM 9/59



Item 1 Filig272 10-3-50 et 10486CERTIFICATE OF DEATH Rea. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE Where deceased in the Thomsolving Residence beter woodmission · COUNTY MARYLAND b. C TY OR TOWN (If autside carporate limits write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give nearest town) Spring d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS AS RESIDENCE OR INST TUTION Flymouth St. YES INO TO NAME OF DATE Middle Month DECEASED OF AP 727027 (Type or print) DEATH MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 9. AGE (In years last birthday) Months Days / LEWWIDOWED DIVORCED [10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CLITZEN OF WHAT COUNTRY during most of working life, even if relired) RESTRUKANT 13. FATHER'S NAME 14 MOTHER S MAIDEN-NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT hd nding INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Carditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? 200 ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I ar Port II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20f. (City at town) 20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED (State) (County) fectory, street, affice bldg., etc.) Hour a.m. While Nat while of work of work p.m. 1960 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at / 32 alive an M, from the causes and an the date stated above. ADDRESS (Street, city or Jown, state). DATE SIGNED ACTUAL Miller M.D. PHYSICIAN'S NAME (Type) 220 BUR AL, CREMATION 226 DATE THEREOF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify), a FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/58

HEALTH-BALTIMORE, 18



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2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)

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PLACE OF DEATH

13.

MEDICAL CERTIFICATION

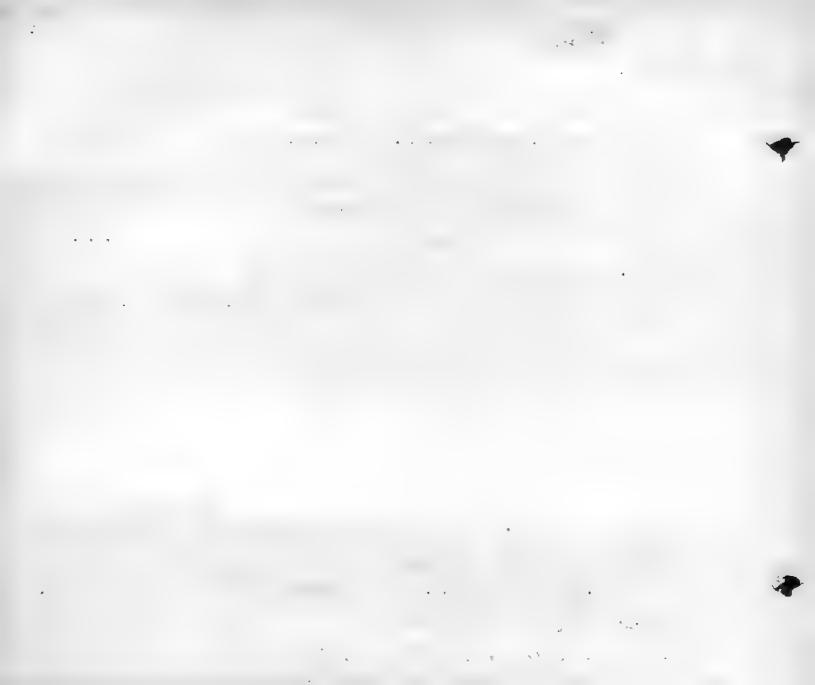
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may be recorded by the haspita or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician afd	page 3 should be detached for use as the burial-transit permit. Then please remave carbon	he State Board of Health prior to burial, cremation, or removal, and in any event, within 72 ha
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

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CITY OR TOWN (IF	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
ethesda	atest towith		65 days		Onancock 87.X 3							
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ve street	oddress)		d. STREET A	ADDRESS					e. IS RESIDE	
he Clinica	1 Center,	Bethe	sda 14, Md	•	100 M	arket	Stree	t			YES 🔲 N	_
NAME OF DECEASED		las	sì	4. DATE	Mo	enth	Da	у Үөө	r			
(Type or print)	Elsi	8	Mae		Payr	ne		Septemb	er	28	19	60
SEX	6. COLOR OR RACE	7. MARR	IED 🔀 NEVER MARRIE	D 🔲 B	DATE OF BIRT	Н		9 AGE (In year lost birthday)	Months	R 1 YEAR	Hours	24 HI Min
emale	White	WIDOWI	DIVORCED		May 25	, 1903	3	57 yr		Days	FIGUES	141111
USUAL OCCUPATION	N (Give kind of work or ing life, even if retired)	lone 10b.	KIND OF BUSINESS OF	RINDUSTR	Y 11. BIRTHP	LACE (State	or foreign c	ountry)	12.CI	TIZEN OF	WHATCOL	JNTR
ousewife	, , , , , , , , , , , , , , , , , , , ,		None		V:	irgini	a			U.S.	Α.	
FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
lfred B. B	ooth				Elizal							
WAS DECEASED EVER	IN U.S. ARMED FOR	CE57 16.	SOCIAL SECURITY NO.	17, INFO	RMANT The	e Medi	ical R	ecord Ad	dress			
0			None	The	Clinic	cal Ce	enter,	Bethese	la 14	Mar	yland	
		use per lii	ne for (a), (b), and (c).]]							ERVAL BETW	
PART I, DEAT	TH WAS CAUSED BY, IMMEDIATE CAUSE (6)	Ure	emia								week	
203	DUE TO											
Conditions, if on		Mu	Ltiple myel	oma.						1.0) mont	hs
gove rise to in couse (o), stating t												
lying couse lost.) (c)											
PART II. OTH	ER SIGNIFICANT CON	OITIONS C	CONTRIBUTING TO DEA	NTH BUT N	OT RELATED TO	O THE TERMI	NAL DISEAS	E CONDIT ON G	Aª MI M3VI	RT 1(o) 1	9. WAS AU PERFORM YES 1	ED?
200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRED	(Enler noture o	of injury in !	Port I or Por	t (I of stem 18.)				
Hour o. m	/ Month, Doy, Yes	While of wor	Not while	20e PLAC focto	E OF INJURY : ry, street, offic	Home, form a bldg., etc	, 20f (City	r or town)		(County)		(Sto
p fr			<u> </u>		113 tr 25		60 5	ontombos	28.	60 .		_
21 I certify that	t (I) (this haspital	attend	led the deceased	from	ury 25			eptember				
saw the decease	ed alive on Sep		28 19 60 , and	that de	oth accurre	d at 1 4.	M; From	the causes a	ind on th	ne date	stoted a	
A I A	111301	2. (Da Gil	1	ATTENDIN	G M	ED	STAFF PHYS X		9/28	11 S	IGN
ZZc PHYSICIAN'S	10 aci		+ X/V LUJ	M. M.	PHYS 22d ADDR		RECTOR [ical Cer	at on	- 1	tiona	٦
NAME (Type)	W. Walter	Onne	t M.D.					ealth. E	-			
BURIAL CREMATION				TERY OF	REMATORY	Tou of?		TION (Cit/, Iown			(Stote)	
Burel	9/30/	20	GREEN	Woo	D	1	Ch	INCO	Tel	9 44	ie, V	4
NERAL DIRECTOR'S	SIGNATURE		ADDRESS	1000	4.6		D BY REGIST	100	GISTRAR'S S			
rrecire	Willes	ML	UNITIN	CUC	1, va	DATE	EL O O	00	Cirthun	S. Kr	aseA.	



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived If institution: Residence before admission) o. COUNTY a. STATE **6 COUNTY** MARYLAND TITGOM ERY b CITY OR TOWN (If outside corporate limits, write ¿ LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO 19 OFF NAME OF Middle 4. DATE Month Lost Day Year DECEASED OF DEATH {Type or print} 19 9. AGE (In years 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED last birthday) Manths Days WIDOWED [7] DIVORCED [12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work dame 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired) Policewier AT HOME New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HI LAN H SARAH VAII 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one couse per line for 16], (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (of **DUE TO** Canditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, , 20f (City or town) (State) (County) factory, street, office bldg . etc.) Haur a.m. While Nat while at wark at wark p m 2) I certify that (1) (this haspital) attended the deceased fram. COPM, from the causes and an the date stated above saw the deceased alive an and that death accurred of 220 SIGNATURE 22b DATE 7 SIGNED ATTENDING STAFF PHYS M D DIRECTOR -22c PHYSICIAN'S 22d ADDRESS 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fawn ar county) (State) REMOVAL (Specify) VITLONDS FUNERAL DIRECTOR'S S GNATURE 25o, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE SEP 21 '60 without of Thomas

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DIRECTOR

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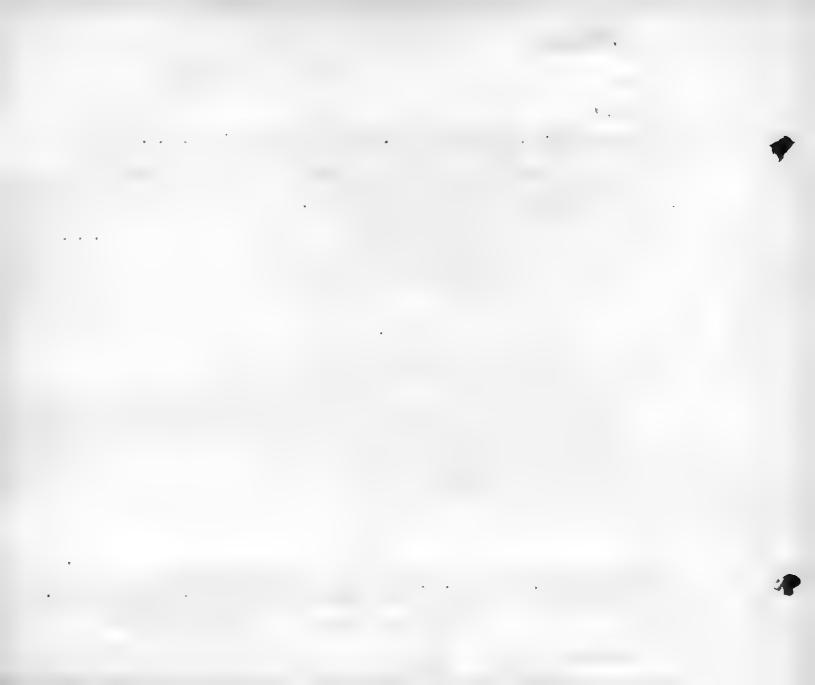


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR
CERTIFICATE OF DEATH 10536

TE DEPARTMENT OF HEALTH	10499
RCH AND RECORDS — BALTIMORE 1, MARYLAND	10300
ICATE OF DEATH	

1 PLACE OF DEATH 0. COUNTY Montgomer	V		MARYLAN		District o	here decesse	d lived if institute b COUNTY	on: Residence	before admis	sion)	
	outside corporate limi	ls, write	c. LENGTH OF STAY IN 1	ь	c CITY OR TOWN (IF	outside corpo	orate limits, write R	URAL and gi	ve nearest law	n)	
Bethesda	Diesi (Dwir)		150 days		Washington	hington 47X					
& NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS				e IS RE	SIDENCE A FARM?	
The Clinic	al Center,	Bet	hesda_14,_Md.		1435 Sheri	dan Si	treet. N.	W.		NO 🖪	
3. NAME OF DECEASED	Fir	el	Middle		Lost	4. DATE	Mon		Day	Year	
(Type or print)	Dani	lel	Ivan		Perlow	OF DEATH	Septe	mber	7	19 60	
5 SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	g B.	DATE OF BIRTH	-	9 AGE (In years		YEAR IF UND		
Male	White	WIDOWI	ED DIVORCED		July 11, 19L	ι3	last birthday) 17 yrs.	Months [Days Haurs	Min.	
10a USUAL OCCUPATIO	N (G ve kind af work	done 10b.	KIND OF BUSINESS OR IN				country)	12.CITIZ	EN OF WHAT	COUNTRY	
Student	during most of working life, even if retired) Student None				New J	ersev			U.S.A.		
13. FATHER'S NAME			*		14. MOTHER'S MAIDEN	NAME					
Sydney Per	rlow				Bertha Sa	ger					
15 WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY NO. 17	INFO	RMANT The Med		Record Add	ress			
No (Yes, no or unknown)	If yes, give war or dates of s	erv ce)	None		Clinical C			la Ili.	Maryla	ind	
18. CAUSE OF DEA	TH Enter only one co	use per li	ne for (a), (b), and (c).]						INTERVAL B	ETWEEN	
PART I. DEA	TH WAS CAUSED BY:	, F	Respiratory I	กรน	fficiency				2 hrs	DEATH	
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tying cause last.	ne <u>under-</u>	1									
Z PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	IINAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19 WAS	AUTOPSY	
PART II OTH										ORMED?] NO []	
(IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCUI	RRED.	Enter nature of injury in	Part I or Pa	rt II of îtem 18)				
	Month, Day, Ye	or 20d. II	NJURY OCCURRED 20e.		E OF INJURY (Home, for		y or town)	(Co	Dunty)	(Stote	
Hour a.m.	19	White at wor	Not while	tacto	ry, street, office bldg., et	c.}					
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22c. PHYSICIAN'S					22d. ADDRESS The			B			
NAME (Type)	Phi/lip J.	Ferri	Ls, M. D.				ical Cent	e.	Vationa		
23a BUR AL, CREMATIO	N 23h DATE THEREO)F	23c NAME OF CEMETER	YOR	Institutes		NT ON (City, town,		(S)c		
BUTTEL	9-8-60		B'nai Israe				Hill, M.				
24. FUNERAL DIRECTOR	, , ,		ADDRESS	74	250 REC	D BY REGIS		STRAR 5 SIG			
	ky & Sons	350		Ne				· · · · · · · · · · · · ·			



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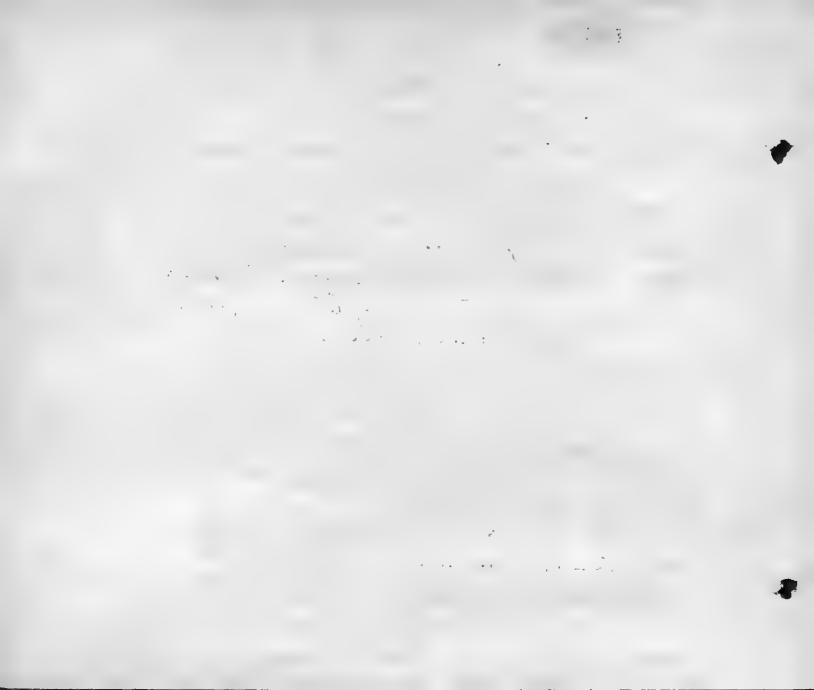
d. Mada

PLACE OF DEATH USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) o. COUNTY **B** COUNTY MARYLAND b. CITY OR TOWN (If outside com JENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) prote limits, write RURAL and give mearest tov 9d vs-9 hours Weshington . IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 3031 Nash P lace. S. YES NO NAME OF 4. DATE Middle Month Day Year DECEASED DEATH (Type or print) Sep t. 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years last birthdoy) Months Days Hours Female White WIDOWED [7] DIVORCED [L/16/194 66 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bethes' , Md. Nursing Preti U.S.A. ractical Nurse 14. MOTHER'S MAIDEN NAME Benjamin Perry Annie Brewer 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address ves, give war or dates of service Uknown Mr. J. Wilbert Perry lace, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** throm bophlabitis (legs) Conditions, if ony, which gove rise to immediate DUE TO couse (o) stating the under lying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1) of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d INJURY OCCURRED Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21 I certify that (1) (file hospital) attended the pleceased from that (I) (we) last sow the deceased alive on? ond that death occurred at LLM, from the couses and on the date stated above 22a. SIGNATURE ATTENDING M D PHYS DIRECTOR -PHYS 22c PHYSICIAN'S 22d. ADDRES NAME (Type) 23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) (State) REMOVAL (Specify) 3/60 Cedar Hill Cemetery Burial Suitland Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256, REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Bethesda, Maryland DATE SEP 14'60 Robert A. Pumphrey

director, Filed $^{\triangleright}$ 24 pup 0 DIREC page 3 the Stat 0 15M 9/59



/ t.b. 1	MARYLAND STATE DEPARTMENT OF HEALTH
TOP STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT	
×8 &	PLACE OF DEATH
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in i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yas, no. or unknown] [Ifyes give war or darks of service]
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A Target of the state of the st	
ER: Thi the w Medic should ial, cre	20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY O CONTRIBUTING CAUSE OF DEATH.
AIIN Thief bur	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stale) Hour a.m. While Not Whila factory, street, office bldg., atc.)
XXXIII	Hour a.m. While Not Whila Rectory, street, ornice bldg., arc.)
Drive to the private	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
ded ded int	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
MEDI te the d forwar L DIR	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
Y M cute of for inate	SIGNATURE M.D. DEPLITY MEDICAL EXAMINER TO 9-14-1-
DEPOTY Name of the second should be for provided its designated it	NAME (Typa) FANK J. Bruschart Address (Street, cty, town, or county)
Shoul Shoul PUN Pto	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town; or country) (Stata)
5 5 4 5 9	BURIAL 9-16-1960 PARKLAWN EMETERY KOCKVILLE MONTGOMERYCO, MI
VS. A15ME	FUNERAL DIRECTOR ADDRESS 756- Pagestro 246. REC'D BY REGISTRAR'S SIGNATURE
BM 7/59	Joseph Churlen Dem, Ser. Wash . St DASTEP 16'60 arilus S. Kraus



105.52 10452 **CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND ARYLANT MONTGOMERY uneral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) ě RURAL and give nearest town) avid KENSINGTON KENSINGTON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ARROLL TLACE YES NO R NAME OF Middle 4. DATE Manth Year DECEASED RRILE OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR, IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Haurs WIDOWED 13 DIVORCED [EMALL 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY. during most at working life, even if retired) NDIANA HOUSEWIFE o du Stler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PESTO 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** RTERIOSCLERISIS Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the under-FATENSLOW lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? SENIFI YES NO.PT 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) Hour a. n. factory, street, office bldg., etc.) Nat while at work of work 21. I certify that I attended the deceased from SEPT ST , 1959, to SERI. //____, 19.4.a._that I last saw the deceased alive on SEP1. ..., 12/2...., and that death occurred at /l. 30 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATESEP 1 3 '60 VS A15 (4) 15M 9/55 Orthun & Knowl

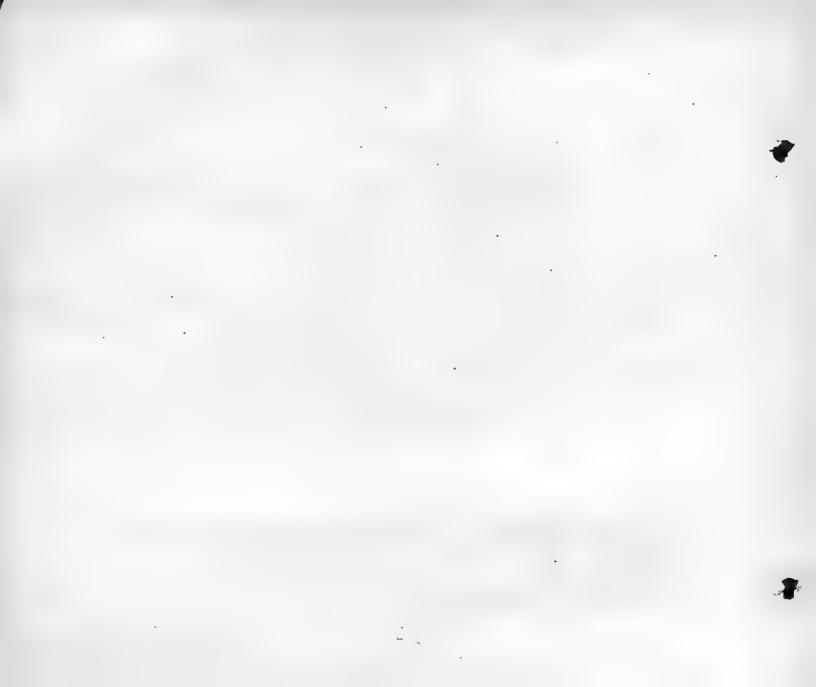
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10426l director filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **COUNTY** & COUNTY MARYLAND いったいいっとう c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 2 Id b RURAL and give nearest town) minute d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION YES NO K real tar ium 9 d shirv Middie NAME OF 4. DATE Month Day Yeor Last OF DECEASED DEATH (Type or print) POTUM OIL 19 66 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 907 last birthday) Months WIDOWED | DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE ISTAIL of Foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ciowally ban I 72 J3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician (8 remaye a Damu 17 INFORMANT Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. attending plyas Wanitarihari 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 70 DEATH WAS CAUSED BY EARCTION WITH IMMEDIATE CAUSE IO DUE TO ROMBOSIS, ACUTE, RIGHT Canditions, if any, which permit gove rise to immediate DUE TO couse (a), stating the underlying cause lost PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 😿 NO T burial 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B) 20a. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a m. While Not while at wark ot work p. m 19.60, that (1) (we) last 21 I certify that (i) (this haspital) attended the deceased from... DIRECTOR: saw the deceased alive an 22gr "SIGNATURE 22b DATE S GNED ATTENDING STAFF 128 PHYS M.D PHYS DIRECTOR 22c PHYSICIAN'S 22d ADDRESS plug NAME (Type) FUNER page 3 the Stat 230 BHR AL, CREMAT ON 236 DATE THEREOF 23d LOCATION (City, town, op county) 23c NAME OF CEMETERY OR CREMATORY (Stote) OVAL (Spec fy) REGISTRAR'S SIGNATURE SEP 13 60 15M 9/59

requires that the death

ND STATE DEPARTMENT OF HEALTH



10538CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b.** COUNTY filed MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town P d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3 NAME OF 4. DATE Middle Month Day Yeor DECEASED (Type or print) CHA DEATH 196 C 5 SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED | NEVER MARRIED | 9. AGE (In years last birthday) Months Doys Hours DIVORCED I WIDOWED F 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 16. SOCIAL SECURITY NO CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Omu. DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cottse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 🗹 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, fEnter nature of injury in Port 1 or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) Not while factory, street, office bldg , etc.) Hour o. m. While of work of work 20, 1960, that I last saw the deceased 21. I certify that I attended the deceased from _, and that death occurred at_______ A.M., from the causes and an the date stated above. **ACTUAL** SIGNATURE 70 PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 225. DATE THEREOF 22c. NAME-OF CEMETERY-OR CREMATORY REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) SEP 2 2 '60 Chilling & Krues

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1 () 4 () 8 CERTIFICATE OF DEATH

eral director, be filed with

by the funeral of 2 should be 53

and

may be "erkined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 the State Board at Health prior to burial, cremotion, ar remaval, and in any event, within 72 hours after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VR A15 (4) 15M 9/59

s ofter death. Page 4

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	44,17		
1	PLACE OF DEATH a. COUNTY MANT GOMERV MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE	a before admission)
1	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest tewn) JUER NAME OF HOSPITAL (If not in haspital, give street address)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	47X
3	ORINSTITUTION MPRILEA REST HOME	1100 K Street N	B. IS RESIDENCE ON A FARM? YES NO D
	3 NAME OF DECEASED (Type or print) First Middle	Read Month	Day Year 7, 19 6 6
	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even firet red) HOUSE KEERING	11. BIRTHPLACE (Stole or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	13. FATHER'S NAME FOUNTED TEADY	14. MOTHER'S MAIDEN NAME	6
ノ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 II	NFORMANT REV. S.R. P. H. S. GEL	ROETOWN
	1B. CAUSE OF DEATH [Enter only one couse per line (o. (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	lik-promone	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-	200 gorandia () On	"year.
	Part II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	10) 19. WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18)	
		ACE OF INJURY (Home, form, 20f (City or town) (Citory, street, office bldg., etc.)	ounty) (State)
	21 I certify that (I) (this haspital) attended the deceased fram.		Othat (!) (we) last date stated abave.
1	220 SIGNATURE)	M D PHYS. 22d ADDRESS 22d ADDRESS	226 DATE SIGNED
-	JUNE (Type) JOHN S. ROBERS M	D. Silver Spring	7 Rd
	230 BUR A., CREMATION 236. DATE THEREOF 1960 23c NAME OF CEMETERY COMPANY SEPT. 10 MT. O/	OR CREMATORY 23d LOCATION (City, town, or county)	C (State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2224 ADDRESS 2224	WIS Aug 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIG	



	4. 7. 17 17	47		CERTIFIC	MIE	OF DEATH					
PLACE OF DEA COUNTY MONTE	TH Omery			MARYLAN	11	usual Residence (WE o. STATE District of		6 COUNTY	Residence t	before admi	stron)
RURAL and	WN (If outside corp give nearest town) sda (Rura)		write c. LENG	GTH OF STAY IN 1		c city or town (if a Washington	outside corporate l	imits, write RUR,	AL and give	nearest toy	vn)
d. NAME OF H OR INSTITU	IOSPITAL (If not in I	hospital, give	street address)			d. street Address 820 Connect	tiont Are	NIJ		ON	SIDENCE A FARM?
NAME OF	var nospr			647 6-18 -			4. DATE)		
DECEASED (Type or print)		Holo	ien	Middle Chest	er R	ICHARDSON	OF DEATH	Septe	mber	Day 2	1960
SEX	6 COLOR O	OR RACE 7	- MARRIED 🔀 I	NEVER MARRIED [B. D/	ATE OF BIRTH	9 AI	GE (In years IF	UNDER 1 Y	_	_
Male	Cauca	sian w	VIDOWED [DIVORCED		12-7-78	10	81 yrs.	Aonths Do	ys Hour	ı Min
during most o	if working life, even	of work dor of retired)			NDUSTRY	11. BIRTHPLACE (Slote		7)	U.S	A OF WHAT	COUNTR
U.S.			U.	S. Navy	14	Pennsylv			0.5	•35 •	
		CONT			14			7			
	M RICHARD		52 14 505141	SECURITY NO 1	7 INFOR		J. DOUGHY	Address			
Yes. no or unknown)	(If yes give wor					Diana RIC	HARDSON,	_			
1B. CAUSE C	F DEATH [Enter or	nly one coust	per line for (o), (b), and (c).]	1	*				INTERVAL	BETWEEN
PART	I. DEATH WAS CAL	JSED BY:	TI	ren	ua	_				ONSELAN	
	, if any, which)	DUE TO	Car	Laie-	re	nal d	iseas	re		5	200
couse (o), st lying couse	to immediate oting the under-	DUE TO	Par	um.	Su	ia liil	atera	& Stay	lococus	2/6	da
Chale	2			och 05 f	-	RELATED TO THE TERM	NAL DISEASE CO	NDITION G.VEN	I IN PART TO		AUTOP: ORMED?
20a ACCIDER	NT WAS UNDERLY!	NG 20				nter nature of injury in		f item 18.)		1	
Hour	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m., p. m. 19 While at work of										
	21 I certify that (I) (this haspital) attended the deceased from 8-5- 160 to 9-2- 1960, that (I) (we) last saw the deceased alive an 9-2-60 19 and that death accurred at 6:05.44mm the causes and an the date stated above										
	220 SIGNATURE J. D. DIPLO M.D. PHYS DIRECTOR DIR										
	N'5					22d. ADDRESS					
22c. PHYSICIA NAME (T						YY 73 37	- 1 T 4 d	hall Dad	3 3 -	144	
22c. PHYSICIA NAME (T		. HINE:	S, CDR,	MC, USN		U.S. Nava	TT HOEDI	tal, Bet	nesda	L'AL.	
NAME (T	MATION, 236 DAT	TE THEREOF	23c N	IAME OF CEMETER		EMATORY	23d LOCATION	(City town, or	county)	(St	ote)
NAME (T	MATION, 236 DAT	7-60	23c N			ematory	23d LOCATION		county) rgini	(St	 ote)

Wash. D.C.

TO HOSP

moy be 'EX' ned by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been a goned by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the State Board at Health priar to burial, cremation, at remayal, and in any event, withough offer death.

OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hg

3 after death. Page 4

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

111-4 CERTIFICATE OF DEATH

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I.		,	TOUS														
ľ	1. PLACE OF	F DEATH TY				44.403	VI 4010	2. USUA o. STA	L RESIDENCI	E (Whe	re deceased	lived i	f institute	an. Residen	ce befo	ore admi	ssion)
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		OR TOWN (If a and give near	outside corporat rest town)	te Ismits, w	vrite c	LENGTH OF STAY	IN 16	c. CIT	Y OR TOWN	N (If out	tside carpor	rate limiti	, write R	URAL and	give ne	arest tav	vn)
L		sda (R				145 days		Vir	ginia					1	J 28 4		
î	d NAME OR IN	OF HOSPITAL	L (If nat in hosp	etal, give s	street ad	dress)		d ST	REET ADDRE	E\$S				Sec. 2		e. IS RE	SIDENCE A FARM?
4	U. S.	_	Hospit	al, I	Beth	esda, Md.		562	2 York	ktow	n Blv	d.					□ NO 🛣
	NAME OF	F		First		Middle	1		Lost		4. DATE OF		Man	ith	De	ау	Year
	(Type or)		R	Ralph		Dinsmo	re	R	OSS		DEATH	S	epte	mber	18	}	19 60
	S. SEX		6. COLOR OR R	RACE 7.	MARRIE	D NEVER MARRI	ED 🔲 🖔	B. DATE O	FBIRTH			9. AGE (In years irthday)			+	DER 24 HR
	Male		Caucasi	an wi	DOWED	DIVORCE	D 🔲	10-	3-13]	46		Manths	Days	Hours	Min.
	10a USUAL	OCCUPATION		wark dane		ND OF BUSINESS C	OR INDUS	TRY 11. B	RTHPLACE ((State a	r fareign co	ountry)		12 CIT	ZENO	F WHAT	COUNTRY
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I	13 FATHER'S							14. MO	THER'S MAIL	DEN NA	ME						
1	Harry	Reath	ROSS					Ma.	ry MUS	STAR	D						
		CEASED EVER	IN U. S. ARMET			CIAL SECURITY NO). 17. IN	FORMANT					Add	ress			
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		(a), slating th cause last.	e under-	(-)													
ı			R SIGNIFICANT	CONDITI-	IONS CO	NTRIBUTING TO DE	ATH BUT	NOT RELA	TED TO THE	TERMIN	IAL DISEASE	COND.	TION GI	VEN IN PAR	T 1(a)	19 WAS	ALTOPS
ı	ATION															PERF	ORMED?
-	20a AC	C DENT WAS	UNDERLYING ([] 20b	DESCR	IBE HOW INJURY O	CCURRED	Enter no	iture of inju	ury in Po	ort I or Part	I of ite	m 1B }				
ı	200 AC OR CON (IF EITH	NTRIBUTING [ER, NOTIFY N	CAUSE OF DI	NER)													
	₹ 20c. TIM	E OF NJURY	Month, Day	, Year	20d. INJ	URY OCCURRED			JURY (Hame		20f (City	or town)		(Caunly))	(State
1	Z 20c. TIM	our a m.			While at wark [Nat while	fac	lory, street	, affice bldg	g, etc)							
1		p. m.	(15 td 1 1					Annai	1 26	. 126	0 . 0	Sept.	18	106	ín u	. (1)	h
ı					m ()	d the deceased				0 511/	M						(1630) las
ð		ne decease SNATURE	d aliye an	Sept	<u>, 18</u>	1960 , and	I that d	eath ac	curred at	/	vi, tram	the ca	uses ar	nd on the	e date		d abave
1	220 510	PINATURE	(//	.//	/			ATT	NDING _	MEC	D	STAFF				0-1	SIGNE 1.9-60
ı	22c PH	YSICIAN'S	The	AI-11	411	2/	, ,	A.D. PHY:	ADDRESS) DIRE	ECTOR 🗆	PHYS					19-00
ı		ME (Type)		LATIVE	DV.	CADE	M/S III			Morro	1 Tros	ind to	7 T	athas	e he	MA	
-	02 Pure		,	VALKE		R., CAPT,			, <u>S.</u> 1						ولملا		
	REMOV	, CREMATION AL (Specify)				23c NAME OF CEN				1	23d LOCAT		, .	ar county)	17.2	,	ate)
1	Buris	L DIRECTOR'S	9-21	.00,		Arlingt	ON NE	ation		DEC 5		ngto		STRAR'S SI		rgi	ITH
-1				Jino.	Ohom	in St N	77 7.7-	ahra			BY REGIST			that &			
	W W CF	ampers	CO.	4-(1() [Linan	TI ST. N	W . WS	ISHIK:	DAT	TE CONTRACT	/ / D	V	6.40	14.6544	1600	AArp	

after death. Page 4 may be Februard by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremotian, or remayal, and in ony event, within 72-haurs offer death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. TO HOSP VR A15 (4) 15M 9/59



MARYLAND

2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Mary land **b. COUNTY**

Sept.

Reg. Dist. No **Montgomerv** c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

o. COUNTY	Montgo
Bethe	WN (If outside cor give nearest town) S.C.A.
OR INSTITU	
NAME OF	Battery

BLACE OF DEATH

parate limits, write c. LENGTH OF STAY IN 16 hospital, give street address)

Lane

Farst

Express Agency

nery

4890 Battery Lane

e. IS RESIDENCE ON A FARM? YES NO TE

60

19

(Type or print)	Geo	rge	Frank	Royston	DEATH	1
5. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AG
male	white	WIDOWED 🗍	DIVORCED [10/18/1896		los
10a. USUAL OCCUPATIO	N Give kind of work	done 10b. KIND O	F BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (Stole	or foreign cr	ountry)

during most of working life, even if retired)

Middle

Bethe sda

AGE (In years lost, birthday) IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY? U.S.A.

ONSET AND DEATH

1 minutes

PERFORMED? YES NO -

13. PATREK S NAME	
Claude	Royston

Railway

Yes

14. MOTHER'S MAIDEN NAME Blanche Popham

Virginia

IS WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO. 17 INFORMANT Frances

Battery Lane Royston -- Bethesda, Maryland

PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under-

lying couse lost,

DUE TO

18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c)]

DUE TO

Esterio Sclerotec Hear I

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)

20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Dov. Year

20d. INJURY OCCURRED While Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg., etc.)

22d. LOCATION (City, lown, or county)

1958, to Sept. 25 1960, that I last saw the deceased

(County) (Stote)

21. I certify that I attended the deceased from alive on

_, and that death occurred at 10:40 P.M. from the causes and an the date stated above. raison

7733 Alaska Avenue. N.W. Wash. DC

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF REMOVAL (Specify)

22c NAME OF CEMETERY OR CREMATORY Fairview Cemetery

august.

Culpeper Virginia
REGISTRAR 246 REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNATURE Weshinton

Benjamin Isaacson

SEP 2 8 '60 DATE

whilm of thems

15M 10/57

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ld be



Filled the death certificate be executed within completely papers. death. pup carbon after physician remove hours offending permit. beuß **burial-transit** by the TO FUNERAL DIRECTOR: /Zined 3 should VS A15 (4) 15M 9/58

removal.

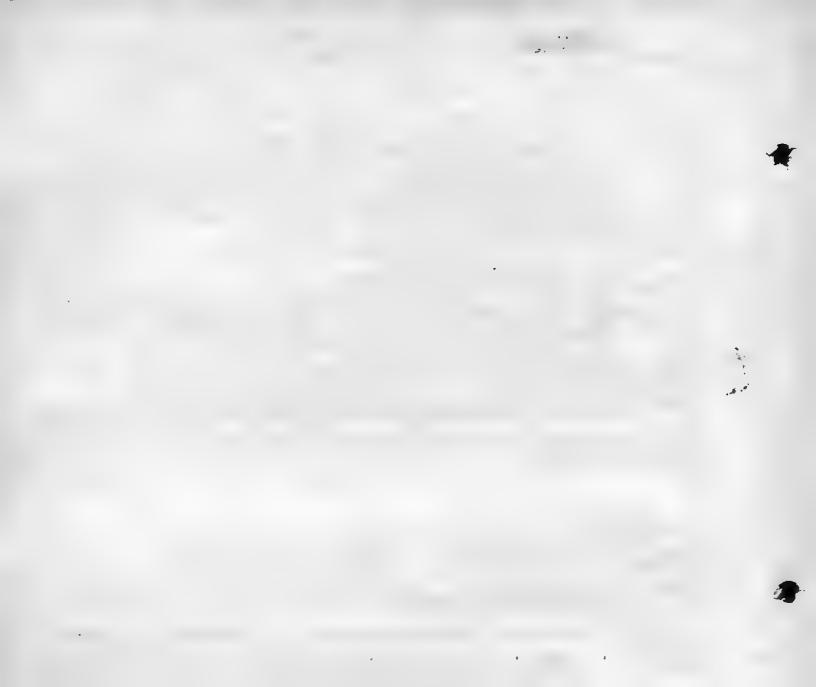
after death. Page

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24



>	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
	CERTIFICATE OF DEATH Reg. Dist. No.					
	1. PLACE OF DEATH a. COUNTY Montgomery Maryland 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY Montgomery, Maryland b. COUNTY Montg,					
	b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 1b Gaithersburg 7yrs Gaithersburg					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS ON A FARM? YES \(\) NO \(\)					
	3. NAME OF DECEASED (Type or print) Albert Nathan Rutledge OF DEATH Sept 26 19 60					
	S. SEX Male Melte Moder Americal Never Married B. Date of Birth S. Age (in years lift under 1 year if under 24 Hrs.) Moder Whatte Middle Divorced Feb 1.1-1.894					
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Domestic Tenn, 12 CITIZI Tenn,						
	13. FATHER'S NAME Connely Rutledge Unknown					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yet, no. or unknown) (If yet, give wor or date of service) Herman Rutledge. Gaithersburg. Md.					
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) H CAUT [-4] (LIV-6					
	Conditions, if any, which gave rise to immediate couse (a), stating the under DUE TO					
	Iying couse lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO					
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a, p. While Nat white at work a					
	21. I certify that I attended the deceased from 1957, 19 to 9-2 1960, that I last saw the decease alive on 129, and that death occurred at 2: PM, from the causes and on the date stated above ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE M.D. GA (Therre or over 1960) PHYSICIAN'S NAME (Type)					
	22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 9-29-60 McConnels Chanel Janesville Ve					
	22. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR ADDRESS 240. REC'D BY REC'D BY REC'D BY REGISTRAR ADDRESS 240. REC'D BY REC'D BY REC'D BY REC'D BY					





	16	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				
			10544 CERTIFICAT	E OF DEATH Reg. Dist. No.		
Poge	director, illed with	1.	PLACE OF DEATH O. COUNTY 1/2 NTGOMERY MARYLAND 2.	USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY		
death.	funerol lid be		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) COLLSUILLE MD, YEARS	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
s offer	d 2 should 2 should 42 should by the fu		d. NAME OF HOSPITAL (If not in hospital, give street address) OR NSTITUTION NAME RILE REST HOME	d. STREET ADDRESS 5 7/1- / ANS AVE. N. W D. C YES D NO EN		
7 24	illed in		NAME OF DECEASED (Type or print) GEORGENIA B	Last 4. DATE Month Day Year OF DEATH 9 - 29 1960		
within	s. Pag		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 0. D.	PATE OF BIRTH 1865. 9 AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Manths Days Haurs Min.		
ecuted	popers	100	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)			
POUSEUIFE JAMES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME 19. MOTHER'S MAIDEN NAME 19. MOTHER'S MAIDEN NAME						
tificote	physician physic	15.	. WAS DECEASED EVER IN U. S. ARMED FORCES? In, on, or unknown) (If yea, give wer or dates of service)	RMANT Address AVE		
th cer	ding in Section 27 in Section		MAR			
ne death	en plec		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PYEUM ONIA	INTERVAL BETWEEN ONSET AND DEATH		
thot t	by the		conditions, if any, which) DOETOPERATIVE and	nutation for gausses (Files I month		
equires In.	signed it permit		gave rise to immediate couse (a), stating the under- lying cause last.	atériorderoses		
ne law r physicia	as been inditrans inval, or	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEAD BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO		
IAN: The	faate h the bur , or rem		206. DESCRIBE HOW INJURY OCCURRED. (E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Part I or Port II of item 18)		
PHYSIC al or all	r use as r use as emotion	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 40 FOCIORY Hour o. m. 19 While of work of work	OF INJURY (Home form, 20f. (City or town) (County) (Stote) , street, office bldg., etc.)		
DING hospit	After hed for riol, cr		21. I certify that I attended the deceased from 8/2	7/19.00, to9 29/, 1962, that I last sow the deceased		
ATTEN by the	detocl to bu		actual Do 1960, 1960, and that death oc	ADDRESS (Street, city or lawn, state) DATE SIGNED		
o Page	uld be		SIGNATURE MD	10620 Georgea Club. Sherspring, Will.		
A. 0	INERAL e 3 shorregistro	22.	NAME (Type)			
O HO	poge the re		BUYIAI Oct 1, 1960 Rock Cree	K Cemetry Washington PC		
VS A1		23.	Frank by Co. 5406 Ill. ave.	NLC DATE CT 4 '60 CITCHER S. KING		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

. J.		
	PLACE OF DEATH O. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Pr. GEOUNTY//// Actif fair Life
	b. CITY OR TOWN (If outside forporate limits write RURAL and give nearest town)	c CITY OR JOWN (If outside corporate limits, write RURAL and give predicts, town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Tauland Mussing Hame	Sandy Spring Road e is RESIDENCE ON A FARMY YES NO.
-	NAME OF DECEASED (Type or print) Gleage Talam Se	Clers OF DEATH September 7 196
	S SEX & COLOR OR RATE 7. MARRIED NE ER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH 9 AGE in years lost birthday) Months Days Hours Mire 1 State of Birth 24 872
1	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Placenille Md 12 CITIZEN OF WHAT COUNTY Control of Grandle Md USA
	William a Seller	14. MOTHERS MAIDEN NAME
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (15 yes, give wor or dotes of service)	Mrs. Hilleda Barrydo Larrel, Md
	IB. CAUSE OF DEATH [Enter only one cause particle for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Interval Beaveen
	Conditions, if ony, which) DUE TO (b)	Gradale -
	gove rise to immediate couse (a), stating the under-lying couse ost. DUE TO (c)	is allevoleson 204
	CATK	UT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19 WAS A POP PERFORMED? YES NO
- 1	OR CONTRIBUTING O CAUSE OF DEATH	RED (Enter nature of injury in Part I or Port II of item 18)
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. I Hour o. m. 19 While Not while at work at work at work	PLACE OF INJURY (Hame, form, 20f (City or town) (County) (States)
١		death accurred at ZAM, from the causes and an the date stated above
	220. SIGNATURE & Warren	M.D. ATTENDING MED STAFF 22b DATE 5 GN
	22c PHOSICIAN'S BP. WARREN	22d ADDRESS Jaurel nel
	Bremoval (Spec Fy) 9/9/60 Union	Centery Butanville, Mel
1	24 PYNERA. DIRECTOR'S SIGNATURE ADDRESS	DATE SEP 1 3 '60 256 REGISTRAR'S SIGNATURE

and 2 should be filed with s after death. Page 4 may be C. A. Sined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this cert fitcate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the Slate Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSF

VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN I outside comparete limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate | m ts. write RURAL and give needs! town) write RURAL and give hearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve stylel address) e. IS RESIDENCE ON A FARM? YES NO. 3. NAME OF Year DECEASED (Type or print) DEATH 19 (40) 5. SEX NEVER MARRIED | 8. DATE OF BIRTH AGE '(In YOM'S) IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months | Days Ноига WIDOWED 📈 DIVORCED SUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done duage most of working life, even if retired) 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yas, no, or unknwn) (If yes give we ror detas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if env. which gave rise to immediate cause DUE TO (a), steting the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? 20e. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Slate) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry X and in my opinion death resulted from. Natural causes N Accident | Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22d. LOCATION (City, fown, or country) (State) 240 g 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE SEP 21 '60 5M 7/59 arthur S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 8 FilmG273 10-17-60 et

after death. Page 4

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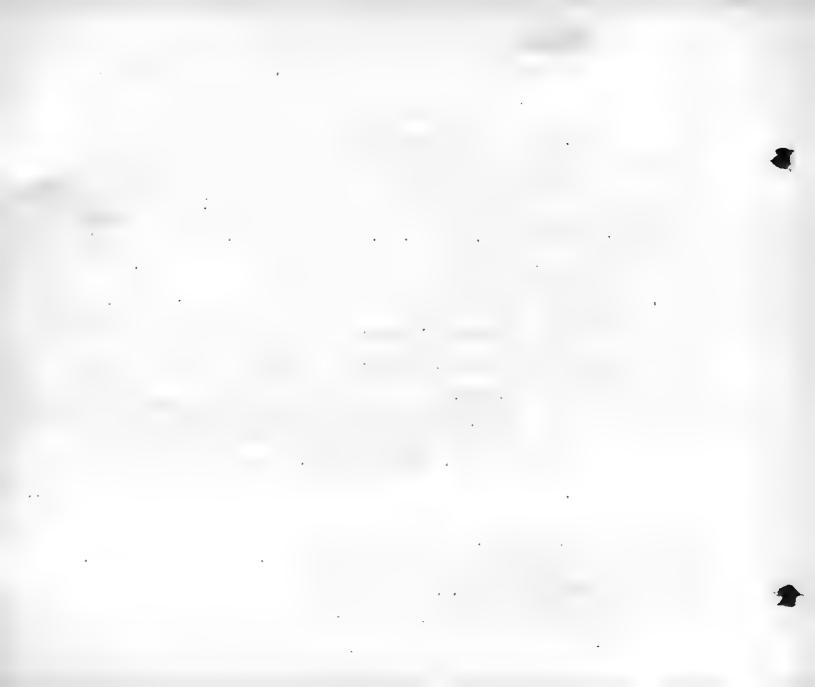
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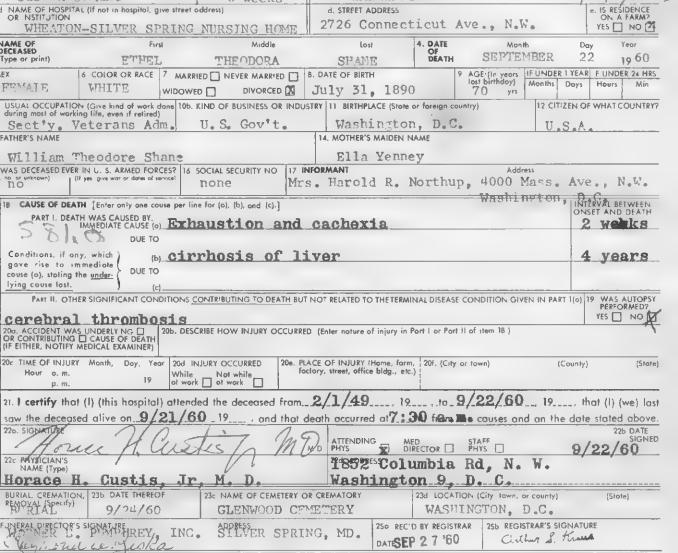
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VS A15 (4)

1SM 9/S8





d'rector

TO

cerebral_thrombosis 20a. ACCIDENT WAS UNDERLYING [

Conditions, if ony, which

gove rise to immediate

couse (a), stating the underlying couse lost.

OR CONTRIBUTING CAUSE OF DEATH

20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m.

DUE TO

of work of work

Not while

(b) cirrhosis of liver

factory, street, office bldg., etc.)

220. SIGNATUR

22c PHYSICIAN'S NAME (Type)

Horace H 23a BURIAL CREMATION, 23b. DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY

1852 Columbia Rd, N. W.

9/24/60

GLENWOOD CFMETERY

WASHINGTON, D.C.

TSM 9/59

ING.

SILVER SPRING, MD.



s ofter death. Page 4

ion and campletely filled in by the funeral director, carbon papers. Pages 1 and 2 should be filed with

may be Lined by the hospital or attending physician.

TO FILERAL DIRECTUR: After this certificate him been signed by the attending physician and completely filled bage 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers Pages 1 on the State Board of Health prior to burial, cremation, or removal, and in any exempter thin 72 hours after death the State Board of Health prior to burial, cremation, or removal, and in any exempter thin 72 hours after death

OR ATTEMBING FILYSICIAN: The low requires that the Teath certificate be executed within 24,

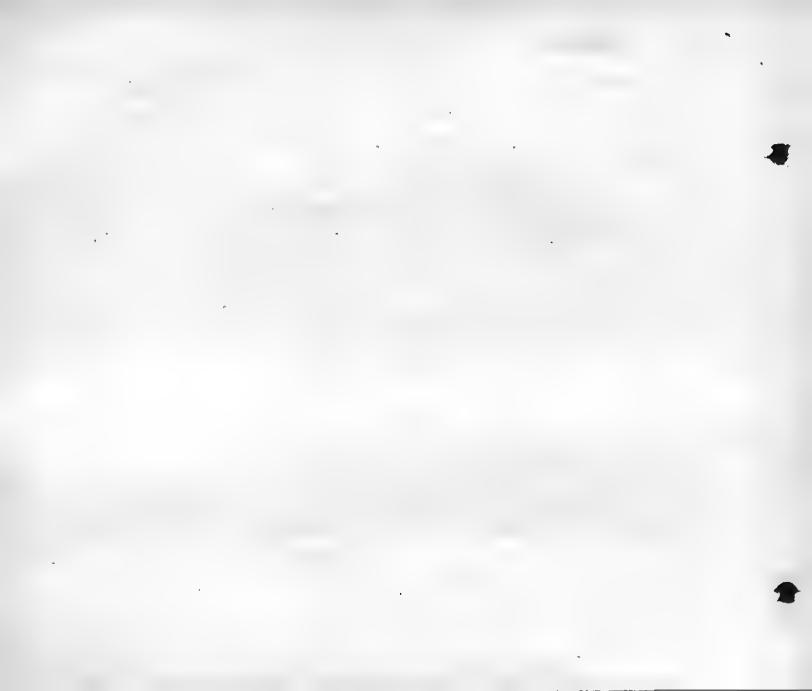
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10518

South Carolina & County Co	1. PLACE OF DEATH g. COUNTY			AA ABWI AA		2. USUAL RESIDENCE (WE		L COUNTY			
RURAL and give nearest flown) Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) The Clinical Center, Bethesda li, Mi, 101 Mount Vista Avenue 3. NAME OF CLINICAL CENTER, Bethesda li, Mi, 101 Mount Vista Avenue 3. NAME OF CLINICAL CENTER, Bethesda li, Mi, 101 Mount Vista Avenue 3. NAME OF CLINICAL CENTER, Bethesda li, Mi, 101 Mount Vista Avenue 3. NAME OF CLINICAL CENTER, Bethesda li, Mi, 101 Mount Vista Avenue 3. NAME OF CLINICAL CENTER, Bethesda li, Mi, 101 Mount Vista Avenue 3. NAME OF CLINICAL CENTER, Clive to Color or RACE (7 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED Shaw				-				na			
d. STREET ADDRESS OR INSTITUTION The Clinical Center, Bethesda ll, Ma. 101 Mount Vista Avenue 3. NAME OF CERSTEIN ON FARM? OF CERSTEIN			ls, write		lb	c. CITY OR TOWN (If o	outside carpo	rote limits, write Rt	JRAL and giv	ve negrest town)	
ON A FARM? The Clinical Center, Bethesda ll, Md. 101 Mount Vista Avenue 101 Mount Vista Avenue 102 Month 103 Month 103 Month 104 Month 105 Month								<i>k</i>	1 .		
The Clinical Center, Bethesda 11, Ma. 101 Mount Vista Avenue The Clinical Center, Bethesda 11, Ma. 101 Mount Vista Avenue The Clinical Center, Bethesda 11, Ma. 101 Mount Vista Avenue The Clinical Center, Bethesda 11, Male Lost Middle Lost Defended Processes (Type or print) The Clinical Center of First Middle Bryan Alan Shaw Alan Shaw Alan Shaw September 7, 1960 The Clinical Center of Bryan Alan Shaw September 7, 1960 The Clinical Center of British September 10st British British September 10st British September 10st British September 1	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	ive street	a ddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?	
SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED NEVER MARRIED SEX Male White WIDOWED DIVORCED February 26, 1960 9 AGE (in years fost birthday) White WIDOWED DIVORCED February 26, 1960 9 AGE (in years fost birthday) White WIDOWED DIVORCED February 26, 1960 9 AGE (in years fost birthday) White WIDOWED DIVORCED February 26, 1960 9 AGE (in years fost birthday) White WIDOWED DIVORCED February 26, 1960 9 AGE (in years fost birthday) Wis.	The Clin	ical Center	, Be	thesda 14, Mo	i.	101 Mount	Vista	Avenue			
Sex 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH Post	3. NAME OF DECEASED	Fir	st	Middle		Last		Mon	th	Day Yeor	
Male White WIDOMED DIVORCED February 26, 1960 yrs. 6 10 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retried) None (Minor child) None South Carolina U. S. A. 13. FATHER'S NAME Bruce Shaw 14. MOTHER'S MAIDEN NAME Barbara Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? NONE 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b). ond (c)] 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b). ond (c)] 18. CAUSE OF DEATH WAS CAUSED BY. Cardiac Arrest Unknown Unk	(Type or print)	Bry	ran	Alan		Shaw	DEATH		,		
Male White WIDOMED DIVORCED February 26, 1960 yrs. 6 10 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retried) None (Minor child) None South Carolina U. S. A. 13. FATHER'S NAME Bruce Shaw 14. MOTHER'S MAIDEN NAME Barbara Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? NONE 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b). ond (c)] 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b). ond (c)] 18. CAUSE OF DEATH WAS CAUSED BY. Cardiac Arrest Unknown Unk	5 SEX	6 COLOR OR RACE	7 MARE	IED 🔲 NEVER MARRIED 🛭				9 AGE (In years last birthday)			
None (Minor child) None South Carolina U. S. A. 13. FATHER'S NAME Bruce Shaw 14. MOTHER'S MAIDEN NAME Barbara Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT The Medical Record Address None The Clinical Center, Bethesda 11, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (o), stating the under long couse (os), stating the under long couse lost. Part II. OTHER'S GNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING DICAUSE OF DEATH (Enter noture of injury in Part 1 or Part 1 of Fort 11 of F	Male	White	WIDOWI	DIVORCED]	February 26,	1,960			C's Hours Min.	
None (Minor child) None South Carolina U. S. A. 13. FATHER'S NAME Bruce Shaw 14. MOTHER'S MAIDEN NAME Barbara Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT The Medical Record Address None The Clinical Center, Bethesda 11, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (o), stating the under long couse (os), stating the under long couse lost. Part II. OTHER'S GNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING DICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	10a. USUAL OCCUPATIO	ON (Give kind of work of	done 10b.	KIND OF BUSINESS OR IN	4DUS	TRY 11. BIRTHPLACE (Stote	ar fareign c	ountry)	12, CITIZ	EN OF WHAT COUNTRY?	
Bruce Shaw Barbara Williams	None (Mi	nor child)		None		South Car	olina			U. S. A.	
15. WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT The Medical Record Address None The Clinical Center, Bethesda 11, Maryland 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: Over rise to immediate Cause (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under-local couse (o), stati	13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
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None The Clinical Center, Bethesda 11, Maryland B CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c)				SOCIAL SECURITY NO. 1	7 IN	FORMANT The Med	ical F	Record Addr	ess		
18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c)	1	(* yes, give wor or dates of s	ervice)	None	Th	e Clinical C	enter.	Bethesd	a 14.	Maryland	
PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate cause (o). DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		TH [Enter only one co	use per li	ne for (o), (b), and (c) 1						INTERVAL BETWEEN	
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Part II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		the under- DUE TO	1								
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								. 11 . 12 . 20 2		YES EST NO []	
20c. FIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m., 19 at work at wor		CAUSE OF DEATH. MEDICAL EXAMINER)	20b. DES	CKIRE HOW INJURY OCCU	IRKED	(Enter nature of injury in	rart I of Por	? IT OF (IBM 18)			
Hour a.m. White Not while tackery, street, office blags, etc.) P. m. 19 of work of work	20c. TIME OF INJUR	Y Month, Day, Ye			. PLA	CE OF INJURY (Home, farm	n, 20f (City	y or town)	(Cc	ounty) (Stote)	
	Hour o.m.	19		Not while	100	ory, street, office bldg., erc	1				
21 1 certify that (1) (this hospital) attended the deceased from August 17, 1960, to September 71960, that (1) (we) last		t /I) (this bosnital) attone	lad the deceased fro	4	ngust 17. 10	60	Sentember	71060) that (I) (wa) last	
saw the deceased alive anseptember 719 60, and that death accurred 3150pm from the causes and an the date stated above											
220 SIGNATURE 22b DATE		ed dilve dibiopi	A CHIED CO	1117 00, and the	ar a	din accurred pi-29	Part 11.0111	the causes an	a an the		
ATTENDING MED STAFF											
22c PHYSICIAN'S 22d ADDRESS The Clinical Center, National											
NAME (Type) NINA STARR BRAUNWALD, M.D. Institutes of Health, Bethesda 14, Md.		NINA STAR	RRA	UNWALD. M.D	_						
	22 7112 41 22										
23a BUR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or caunty) (Stote)	REMOVAL (Specify)				_			`	.,	,	
Burial-transit 9-8-60 Woodlawn Cemetery Greenville, South Carolin			-60		$_{C_{j}}$						
24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY Bethesda, Md. 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE DATE 17 1 3 '60 Callus d' France			HREY		da	Md 250 REC	D BY REGIST	60 C			



Silvery

CERTIFICATE OF DEATH

1	1, I	PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence be o. STATE b COUNTY	rfore admission)
		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If gutside corporate limits, write RURAL and give r	pmccy negrest lown
		RURAL and give nearest town)	Silver Spring 3	
)	- ,	d. NAME OF HOSPITAL (If not in hospitol, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
.)	١	Washing-Ton SaniaRium + Hespite	12207 Ken dall 51	YES NO X
	3.	NAME OF First Middle	Lost 4. DATE Manth	Day Year
	i	(Type or print) Harold George	-,,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 1960
	5 5	MAKKED A TELEK MAKKED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	AR IF UNDER 24 HRS
		Male White WIDOWED DIVORCED	1-37-11 43 15	
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired)		OF WHAT COUNTRY?
	1	Jales Kepnesentative (alit. Mexing)	0.02	·S ,
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 1/4 SOCIAL SECURITY NO. 17.	Florence Mc Dowc II	
	(Yes	no or unknown) f yes, give wor or dofw of service) 173-01-8032	1 -1 5	
		yes Whiz Henry	Mospilal Records	
		TB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1 DEATH WAS CAUSED BY:	. 0	NSET AND DEATH
		IMMEDIATE CAUSE (o)	DIAL TAFARCOTEN	16HRS
		DUE TO PROMISE	CC = LUSION	16425.
		gave rise la immediate	CELLUSION	76.425.
		couse (o), stoting the under-		
	Z	(4)	IT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
Ì	CERTIFICATION	NENE		PERFORMED? YES NO
	TIFIC	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURR	RED (Enter nature of injury in Part I or Part II of item 18.)	
		OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL		PLACE OF INJURY (Home, form, 20f. (City or town) (Countractory, street, office bldg., etc.)	y) (Stote)
	MED	Hour o m. While Not while of work at work	deloty, area, office blogs, elect	
		21 I certify that (I) (this haspital) attended the deceased fram	Cier 1856 to 9/6 1500	that (I) (we) last
			death accurred 200 M.M. from the causes and an the da	
		22a S GNATURE		226 DATE SIGNED
,		A pluvelly flerting	M.D ATTENDING MED DIRECTOR D STAFF PHYS	3,0,10
/		22c PHYSICIAN'S NAME (Tybe)	12.50 UNIVERSION BUILD	
		MARCOLD STERRING	1002	
	23o	25.10.141		(State)
	IN		an Church Cemetery, Gulf Mills, Pa. 250 REC'D BY REGISTRAR 256 REG STRAR'S SIGNA'	TILDE
	1	RNER E. PUMPHREY, INC. SILVER SPRING.	MD.	
		ayou na a justo	DATE SEP 13'60 Chillan 2, 70	-

10 HOSP OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 is after death. Page 4 may be solved by the haspital an attending physician.

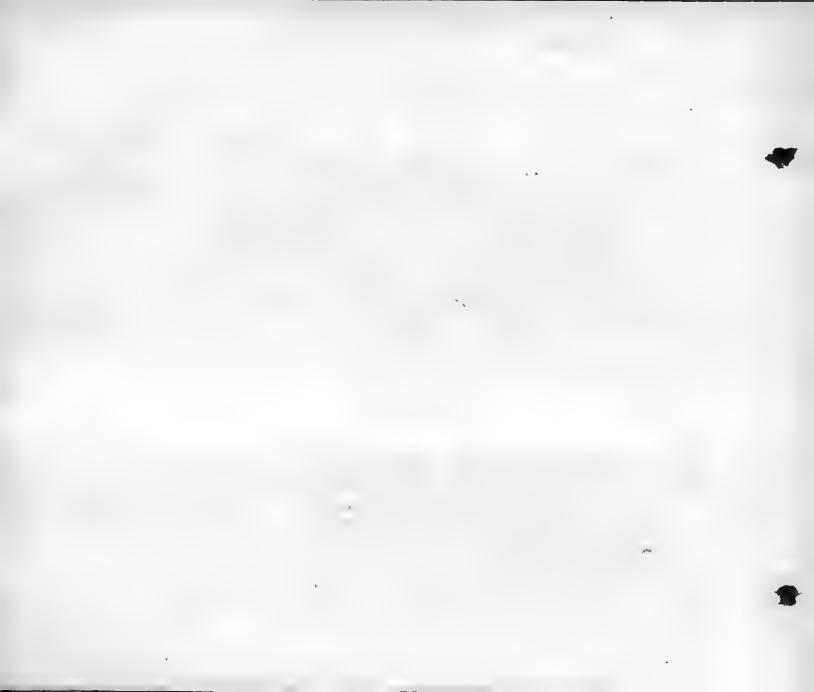
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar removal, and in any evelt, within 2 haurs after death VR A1S (4) 1SM 9/59

s after death. Page 4



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1052 10430 CERTIFICATE OF DEATH director, ited with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY on Faurieris MARYLAND the funeral shauld be fi b CITY OR TOWN (If outside corporate I mits, write RURAL and give magrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) days akoria d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRES e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IJash natin DATE NAME OF Middle Manth Year DECEASED UUT DEATH (Type or print) 19 20 IF JNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years tast birthday) 5 SEX 6 COLOR OR RACE B DATE OF BIRTH MARRIED NEVER MARRIED Months Days Hours WIDOWED D DIVORCED ! 100 USJAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) 5.4 ban 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ē(≘ Morris IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT Address 16, SOCIAL SECURITY NO. attending NO. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO cause (o), stating the underlying couse lost. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES NO | 206. ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Month. Doy, Year 20d. INJURY OCCURRED (County) (State) Hour o. m. factory, street, affice bldg., etc.) Not while While at work ot work p. m. 19. (a) that (1) (we) last 21 I certify that (i) (this haspital) attended the deceased from.... 1/2-19 (19) and that death occurred at 2 sow the deceased alive on. M, from the couses and on the date stoted obove. 220 SIGNATURE ATTENDING | SIGNED MED DIRECTOR STAFF M.D. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d LOCATION (Compown or county) DATE THEREOF CEMETERY OR CREMATORY JRIAL, CREMATION 235 (Stote) 0 256 REGISTRAR'S S GNATURE 25a, REC'D BY REGISTRAR Orthur S. Kraus VR A15 (4) 15M 9/59 DATE SEP 1 4 '60

ofter death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND () USUAL RESIDENCE (Where deceased flyad, if institution: Residence before edmission) 1. PLACE OF DEATH . COUNTY a. STATE MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give negrast town] INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES T NO W 3. NAME OF (Type or print) 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF JNDER TYEAR IF UNDER 24 HRS. Months | Days WIDOWED T OCCUPATION (Giva kind of work 10b KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) Soaper 13. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) (Ifyesgivawerordatesatservica) Yes CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO geve dse lo immediala cause DUE TO (a), stating the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? NO M 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, fentar nature of injury in Part I or Part II of Itam 18.1 Dd. INJUS OCCURRED 20a. PLACE OF INJURY (Home, farm, Month, Day, Taar 20f. (City or lown) 20c. TIME OF INJURY (County) (Steta) factory, street, office bldg., etc.) af work at work Inspection . Inquiry 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Natural causes Accident Suicide X. Homicide Undetermined manner [CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED NAME (Typa) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Specify) Cedar Hill Crematory Suitland, Maryland 9 4 0 p Cremation 23, FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda, Marylandare SEP 9 5M 7/59 Robert A. Pumphrey Circhan S. Kraus



VR A15 [4] 15M 9759 10550

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

ľ	1 PLACE OF DEATH 0. COUNTY	_	ОСЩО			2. USUAL RESIDE	NCE (Who	ere deceased			befare adm	ission)
1		ontgomery	7	MARYL	AND	Ma Ma	aryl.	and	b. COUNTY	Monte	gomer	У
ľ	b CITY OR TOWN (If	outside corporate ilmi	ts, write	c. LENGTH OF STAY I	N 1b	c CITY OR TO	WN (If ou	stride corpor	rote limits, write	RURAL and give	s nearest to	wn)
I	Bethesd			Since 19.	34	48 B	ethe	sda '				
ľ	d. NAME OF HOSPITA	Lift not in haspital, g	ive street	address)		d. STREET AD	DRESS					ESIDENCE A FARM?
ı		ntgomery	Lan	e		A B 277	Mont	gomer	y Lane			□ NO
Ī	3 NAME OF	Fir	st	Middle		Last		4. DATE	Ma	nth	Day	Yeor
1	(Type or print)	Lucille	2	H		Steed		OF DEATH	Sept	. 2	27	19 60
Ì	5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	B.	DATE OF BIRTH			9 AGE (In years last birthday)		1	1
ł	Female	White	WIDOW	ED DIVORCED		2/16/1	897		62 yrs	Months D	LA Hour	3 Min.
Ì	100 JSUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUST	RY 11 BIRTHPLA	CE (Stote o	or fareign co	ountry)	12. CIT!ZE	N OF WHAT	COUNTRY
ı	Housewif		,			Sou	th C	aroli	ina	US	S	
ľ	13. FATHER'S NAME					14. MOTHER'S A	AAIDEN N	AME				
ı	E. V	. Hendass	He	ndrix		Lulla	W.	Willi	imon			
ľ	15. WAS DECEASED EVER	IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO	17. INF	DRMANT				dress		
1	No	r yes, give war or commission		None	Le	on S.	Stee	d,-Hu	us ha nd-	same 2	2d	
ľ	18 CAUSE OF DEA	TH {Enter on y are ca	use per le	ne for (a), (b), and (c)				_			INTERVAL .	BETWEEN
	PART I DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (o	1	KENAL		FAILL	IRE				ONSELAN	DAYS
	600,	DUE TO										
	Conditions, if on	y, which) (b	٨	CHRONIC	,	PYELON	EPH	RITI	5		2 4	EAR:
١	gave rise to in	nmediate (DUE TO	-									
ı	couse (o), stating I lying cause lost.	ne under-)									
ı	PART II. OTH	ER SIGNIF CANT CON	DITIONS	CONTRIBUTING TO DEA	TH_BUT N	OT RELATED TO 1	THETERMIN	NAL D SEASE	CONDITION GI	VEN IN PART I	(a) 19 WA	S ALTOPSY
	PART II. OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	RHEU	MATO	DID ART	HRI	TIS					YES [
1	200 ACCIDENT WA	S UNDERLYING	20b DES	CRIBE HOW INJURY OF	CURRED	(Enter nature of	infury in P	art I as Part	t II of item 18)			
1		CAUSE OF DEATH MEDICAL EXAMINER)										
Ì		Month, Day, Ye			20e. PLAC	E OF INJURY (Heary, street, office	ame, form,	20f (City	or town)	(Co.	unty)	(State
	Hour o.m	19	While of wor	k at work	1000	ny, sireer, ornica	olog., etc.	1				
	21 certify that	(I) (this bosnito	1 often	ded the deceased	fram (PCT. 1	1 198	58 to	SEPT. 2	7 1966	that (I)	(web-los
	saw the deceas		9/27	1960, and								
	220 S GNATURE	0.91	0	0	77.0							22b DATE
	10	Ton HI	M	ony,	M	D PHYS	ME DIE	RECTOR	STAFF PHYS []		9/27/6	SIGNE
ı	22c PHYSICIAN'S NAME (Type)		_	. 0		22d ADDRES		À	. D.A.		Many	-1 000
`	Transc (v)pc)	John H.	Tuo	hy, M.D.		7720	Wisc	AVC	e. Beth	lesda,	Mary	Tano
	23a BUR AL, CREMATIO	N. 235 DATE THEREC)F	23c NAME OF CEME	TERY OR	CREMATORY		23d LOCAT	TION (City, town,	or county)	(\$1	tote)
1	Burial (Specify)	9/29/60		Parklaw	n Ce	emetery		Roc	kville,	Mary	Land	
	24 FUNERAL DIRECTOR'S			ADDRESS				BY REGIST		ISTRAR'S SIGN		
	Robert A.	Pumphre	y B	ethesda,	Mary	Land	DATESEF	29'60	a	ithur 8 H	me	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10525

	10554	CERTIFICA	IE OF DEATH		10040
1.	PLACE OF DEATH	MARYLAND	o STATE	F COUNTY	ion: Residence before admission)
L	Montgomery		District of		
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c LENGTH OF STAY IN 16		outside corporate limits, write R	(URAL and give nearest town)
H	Bethesda (Rural)		Washington		TO DESIGNATION OF THE PROPERTY
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS 250 Farragu	t StN.W.	a IS RESIDENCE ON A FARM? YES NO A
=	U.S. Naval Hospital, Bet			1	
"	DECEASED	Middle	Lost	OF	
Ļ	(Type or print) Morris	(n)	STEELE	20	
"		RRIED NEVER MARRIED	B DATE OF BIRTH	9, AGE (In years loy, birthday)	Months Days Hours Min
l-"	Male Caucasian WIDOW		8-14-96	64 yrs	12. CITIZEN OF WHAT COUNTRY?
(d USJAL OCCUPATION (Give kind of work done to during most of working life, even if retired)	U.S. Marine Co		Jersey	U.S.A.
1	U.S. Marine Corps	U.S. Marine Co			V.5.7.
N3	FATHER'S NAME		Frances RO		
L	George Steele				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (If yes give war or date of service) WWI & WWII		iformant 5. Ella STEELI		dress 2d
F	18. CAUSE OF DEATH [Enter only one couse per	fine fee fel this and fel l			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	the for (o), (b), and (c)-	. Himmen	in during	ONSET AND DEATH
	IMMEDIATE CAUSE (6)	cenary corre	1 th compose	Au un	
	DUE TO		it dominat a	cortic anin	
	Conditions, if only, which gove rise to immediate	myery for i	ittemund a	roce anem	igani guisso
	couse (a), stating the under-	1 1 4 1	. 4.		the mark
_	lying couse lost. (c)	energed.	artinevek		cer a year
TION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION G	PERFORMED?
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CERTII	200 ACC DENT WAS UNDERLYING 20b. DE OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in I	Fort or Port II of (Tem 18.)	
I	20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 200. PL	ACE OF INJURY (Home, form	, 20f (City or town)	(County) (State)
MEDIC		e _ Not while for	ctory, street, office bldg., etc	1	
2	p. m. 17 of we	ork 🔲 at work 🔲	0	(2 0 0	
	21 I certify that (I) (this haspital) atten			60 , to 9-2-	, 190, that (I) (we) last
	saw the deceased alive on 9-2-	19_60, and that c	leath accurred al2:	30. From the causes at	nd an the date stated above
	220 S GNATURE		A TTC 10 IN 10		226 DATE SIGNED
	If nie Countha		M.D. ATTENDING MI	ED. STAFF	9-2-60 SIGNED
	22 PHYSIC AN'S		22d. ADDRESS		
	J. E. MC CLENATHAN,	CDR, MC, USN	U.S. Nava	l Hospital, Be	ethesda, Md.
23	BURIAL, CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City town,	or county) (State)
	Burial (Specify) 9-7-6	Arlington	National	Arlington, V	/irginia
24	FUNERAL DIRECTOR'S SIGNATURE	ESCHADRESS	25a REC'	D BY REGISTRAR 256 REG	STRAR'S SIGNATURE
	DEAL FUNERAL HOME, 4812	Georgia Ave.,	N.W., Wash.D.C	P 7 '60	-1 0 4
-					athur & Kana

TO HOS! OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be may be ined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled! with page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/S9

after death. Page 4

by the funeral director,



TO HOSE

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

10532 CERTIFICATE OF DEATH

	_					_								$\overline{}$
)	1. [Montgomery			MARY	LAND	2 USUAL RESIDI	V 71. 5	ere deceased Colum	lived If institution b. COUNTY	an Resident	te before	admission)	
	1	b CITY OR TOWN (If outside carporate limits, write RURA, and give nearest town) Bethesda (Rural)			c LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside corporate simils, write RURAL and give nearest Washington						est town)	
1	_		L (If not in haspital, ai	ve street	address)		d STREET AD	DRESS	Summer	Drive	1	e IS RESIDENCE ON A FARM? YES NO D		
-	1	NAME OF DECEASED	Firs		Middle		Last		4. DATE OF	Mon		Day	Yeor	
		(Type or print)	Bell				STONE	đ	DEATH	Septer		26	19 6	_
	5. 5	emale	6. COLOR OR RACE Caucasian		ED TO NEVER MARRIE		12-14-	79		9 AGE (In yeors lost birthdoy)	Months	Days	Hours Mir	
	_	. USUAL OCCUPATION	N (Give kind of work d	lone 10b	KIND OF BUSINESS O	R INDUS		1/	or foreign co		12 CITIZ	ZEN OF	WHAT COUNT	RY?
		during most of working Housewife	ng life, even if retired)						vlvania			S.A		
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN I	MAME					
	1	William BA	ILEY				Mialma	DUL						
ľ			IN U. S. ARMED FORG		SOCIAL SECURITY NO	. 17. IN	FORMANT			Add	ress			
١	<u> </u>	No	you, give war or datas at 10		None	(D)	Mrs. Par	ul W.	Russe	11, same	as #	2 al	ove	
		PART I DEAT	TH [Enter only one could have caused by IMMEDIATE CAUSE (o) DUE TO	se per lir	Myocard							ONSE	T AND DEAT	'H
	7	Conditians, if an gove rise to im cause (a), stating the lying couse lost.	he <u>under-</u> DUE TO		Anterio					<u></u>	,	1	- yen	.4
	CERTIFICATION	PART II. OTHI	ER S GNIFICANT CONE	O TIONS C	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	/EN IN PART	r 1(o) 19	PERFORMED?	?
		200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRE), (Enter nature of	injury in	Part I or Part	It of item 18.)				
	MEDICAL	20c. TIME OF INJURY Hour o.m. p. m	Manth, Day, Yea	While	NJURY OCCURRED Not while at work	20e. PL/ foc	CE OF INJURY (H tory, street, office	ame, farn bldg., etc	n, 20f. (City	or town)	(C	(ounly)	(Sto	ote)
			(I) phonomeral		led the deceased 6 19 60 , and			2:25		Sept. 26				
7		220 SIGNATURE	John Min		Vans		ATTENDING	25 M	ED IRECTOR	STAFF PHYS [226 DATE	E
		22c PHYSICIAN'S NAME (Type)	John Wood I	AVIS	, IT, MC,	usn_	U. S.		al Hos	pital, E	e the s	da,	Md.	
	23a	BUR.AL CREMATION REMOVAL (Specific BOTAB)	ipment/9-20	5-60	23: NAME OF CEMI					ION (City, town,	_	enn.	(State)	
	24 R	TONING DYRECTOR'S	Signoverry	lome,	Bethesda,	Md.			D BY REGISTI		STRAR'S SIC			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4)

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after death. Page

requires that the death certificate be executed within





FOR STATE HEALTH DEPT.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14529

Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission o. COUNTY **b.** COUNTY Montgomery MARYLAND Mary Land Montg. b. CITY OR TOWN (If outside corporate I mits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Bethesda 2 days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENC ON A FARM? Statistics and a statistic statistics and the statistics are the the statistic are the statistic are the statistic are the statistics are the statistics are the statistics are the statistic are the statis Suburba n Hosp. 6314 Bells Mill Rd YES NO NAME OF Middle 4. DATE DECEASED (Type or print) Omie DEATH Terry Sept. 19, 1960 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IIn years HEUNDER TYEAR IF UNDER 24 HRS lost birthday] female white WIDOWED X DIVORCED [7] 19a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Kitchen Supervisor Georgetown Hospital USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter C. Heath Izza W. Flowers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address 10110 Summit Ave. Mr. John Terry, step-son Kensington, Md. 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying cousa lost. CENTRIBLTING TO DEATH BUT PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY 62 OF CONTRIBUTING COLUMN CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) Driver of car which struck tree 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) While of work of work street Bethesda Montg. Md . Inquiry 1. opinian death resulted fram: Natural causes . Accident ... Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED orthant MD CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 9/20/60 **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF Br-oschart 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) REMOVAL (Specify) Burial Arlington National Cem. Arlington, Virg

Bethesda, Md.

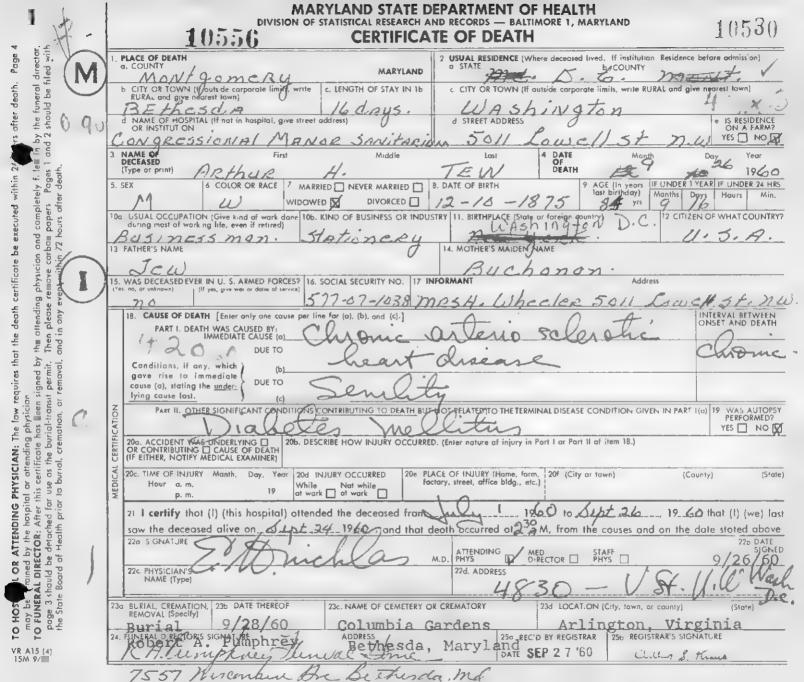
24a, REC'D BY REGISTRAR

arthur & through

VS. A15ME 5M 2/57

23. FUNERAL DIRECTOR'S SIGNATURE





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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Where deceased fixed If institution, Residence before admission)							
Montgomery	MARYLAND	District of Columbia							
b. CITY OR TOWN (if outs de corporate l'mits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	1	tside corporate limits, write RL	JRAL and give	nearest fown)				
Bethesda	296 days	Washington		11	1 X = 3				
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d STREET ADDRESS			B IS RESIDENCE ON A FARM?				
The Clinical Center, Beth	nesda 14. Md.	437 Kennedy	Street, NW,	Apt. 3	YES NO X				
3 NAME OF First	Middle	Last	4. DATE Mont	h	Doy Year				
(Type or print) Harry	Theodore	Phompson, Sr.	DEATH September	er	24, 1960				
5. SEX 6. COLOR OR RACE 7 MARK	RIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years lost birthday)		YEAR IF UNDER 24 HRS				
Male White WIDOW		August 4, 19	10 50 yrs	INC. IIIS DO	73 110003 7618				
10a USUAL OCCUPATION (Give kind of work dane 10b during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	r foreign country)	12. CITIZEN	N OF WHAT COUNTRY?				
Butcher	Dealer in Mea	t Maryland		U	S. A.				
13 FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME						
Will Thompson		Hattie Wil							
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 [Yes, no or unknown) (If yes, give war or do es of service)		HORMANT The Medi	cal Record Addr	ess					
yes 1928 - 1931 5	77-09-9133	The Clinical C	enter, Betheso	da 14,	Maryland				
1B. CAUSE OF DEATH [Enter only one couse per in	ne far (a), (b), and (c)]				INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	entricular Sta	ndstill							
54 V DUE TO									
	nemia, Bactere	mia, Inanition	ì		19 days				
gave rise to immediate Couse (a), stating the under-									
	xtensive Metas				39 months				
PART II OTHER SIGNIFICANT CONDITIONS	CONTR BUT NG TO DEATH BUT	NOT RELATED TO THE TERM N	IAL DISEASE CONDITION GIVI	EN IN PART I	(a) 19 WAS AUTOPSY PERFORMED?				
3					YES 🔀 NO 🗌				
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in Po	ort t or Port II of item 18)						
Zoc. TIME OF INJURY Month, Day, Year 20d I Haur a. m Wh.le p. m. 19 of wor	NJURY OCCURRED 20e PL Not while k of work	ACE OF INJURY (Home, farm, ctary, street, office bldg, etc.)	20f (City or town)	(Cou	inty) (Stote)				
21 I certify that (I) (this hospital) attend	9 to Sept. 24	10 60) that (I) (wa) lost						
saw the deceased alive on Sept.	Amfrom the couses and	d on the d	late stated above						
220 SIGNATURE AM. "AC	3 011 1110 0	22b DATE							
George F. Mille	p.	M.D PHYS DIRE	STAFF PHYS 🔀		9-25-60 PATE				
22c PHISICIAN'S NAME (Type)	7	22d ADDRESS The	Clinical Cent	ter, Na	ational				
GEORGE F. MILLE	R, JR., M.D.	Institutes	of Health, Be	ethesda	a 11, Md.				
230 BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, town po		(State)				
DUF 3 4 28/EC	4HING.	ton National	AHI	INT	6.1 1.3				
24 FUNERAL DIRECTOR'S SIGNATURE	3073 - M 99	/ 12 250 REC'D		TRAK'S SIGN.					
hin Charles w Co	July W	DATESEP	28'60 au	Lun S. Kr	inca				



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TO HOSK. OR ATTENDED PYSICIEN: The law requires that the deoth certificate be executed within 24 and safer death. Page 4 may be rained by the haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then planse remark-carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, an removal, and in any event, which 72 hours often death

VR A1S (4) TSM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

B. C. LENGTH OF STAY IN 10 LOO days C. LENGTH LOO days C. LENG		PLACE OF DEATH b. COUNTY	Montgomery		MARYLAI	- 11	o. STATE Mar	yla		d lived If institution 6. COUNT		nce befo	re admission)	ı
Bethesda (Rural) I NAME OF INSTRUCTION Holps: or in begins, give steet address) O NAME OF STALL (From hospins, give steet address) O NAME OF STALL (From hospins, give steet address) O NAME OF STALL (From hospins, give steet address) I NAME OF STALL (From hospins, give steet address) I NAME OF STALL (From hospins) I Ladeama Beatrice THOMPSON SEX SEX O COLOR OF RACE O COLOR OF RACE THOMPSON DIVORCED D NORCED 1 29 99 SO DATE OF BIRTH PAGE (In years Underson Un		6 CITY OR TOWN	(If outside corporate timi	ls, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN	l (If ou	tside corpa	role limits, write	RURAL ond	give nec	gresi lown)	
U.S. Naval Hospital, Bethesda, Md. 147 Prince George Street 18 North Nor		Bethesda			100 days		Annapo	olis	5	(1)	10-	g: 4		
U. S. Naval Hospital, Bethesda, Md. 147 Prince George Street Ves No No North Mode No No North Mode No No No No No No No N		d NAME OF HOSP	TAL (If not in haspita, g	ive street ad	dress)		d. STREET ADDRE	SŞ					IS RESIDE ON A FA	NCE RM2
Declared (Type or print) Ladeama Beatrice THOMPSON Death September 4 19 60				al, Be	thesda, Md.		147 Pr	cinc	e Ge	orge Str	eet			
Sex G. COLOR OR BACE 7. MARRIED NEVER MARRIED 1.29 99 1.29 99 1.20 1.29 99 1.20 1.29 99 1.20	3		Fir	si	Middle		Lost			Mo	onth	Do	у Үвог	r
Female Caucasian wildowed Divorced 1.29 99 Salphindoy Months Doys Months Doys Months Doys Months Divorced 1.29 99 Salphindoy Sa			Lade	eama.	Beatri	.ce	THOMPSON	V	DEATH	Septe	mber	4	19	60
Female Caucasian	\$	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8	DATE OF BIRTH							
HOUSEWIFE IS. A. Pennsylvania U.S.A.	1	Female	Caucasian	WIDOWED	DIVORCED [1.29 99					Days	Hours	IVIII
HOUSEWIFE 13. FATHER'S NAME JOHN GIFFORD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANI INCLUDING 18. CAUSE OF DEATH (Enter only one couse per lime for (e), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) DUE TO Lying cause lost, variants to immediate couse (a), rating the under: (c) PART I, OTHER S'ONIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (c) 19 WAS AUTOPEY PREFORMED? YES (D) NO CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINED) TO ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING COURSED While (IF ETHER NOTIFY MEDICAL EXAMINED) While of work contributing the work contribution of the	100	USUAL OCCUPAT	ION (G ve kind of work	done 10b. Kl	IND OF BUSINESS OR I	NDUST	Y 11. BIRTHPLACE (State o	r foreign c	ountry)	15 CL	HZEN OF	WHATCOU	NTRY?
John Gifford S WAS DECEASED EVER IN U. S. ARNED FORCES? If SOCIAL SECURITY NO. 17 INFORMANT WIRTOWN WIRTOWN If you, you was not desired of service) WIRTOWN INTERVAL SETWEEN HOSPITAL PECOTAS INTERVAL SETWEEN HOSPITAL PECOTAS INTERVAL SETWEEN INTERVAL SE	П			'			Pennsy	ylva	nia			U. S	. A.	
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT HOSPITAL records 18. CAUSE OF DEATH [Enter only one couse per line for [e]. [b]. ond (c].] PART I DATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions if ony, which gove rise to immediate couse (c), violing the under: lying couse lost. PART I. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I [c] 19 WAS AUTOSY YES TO RECORD THE PROPERTY OF THE PROPERT	13.	FATHER'S NAME					14. MOTHER'S MAIL	DEN NA	AME					
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UNKNOWN 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).					OCIAL SECURITY NO.	17 INF	DRMANT		_	Ad	dress			
18. CAUSE OF DEATH {Enter only one couse per line for (o), (b), and (c).} PART I DEATH WAS CAUSED BY. Conditions if only, which gove rise to immediate couse (o), stading the under. [Jung cause lost.] PART I OFFICE SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING TO CAUSE OF DEATH [IF ETHER, NOTIFY MEDICAL EXAMINER] 200. ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING TO CAUSE OF DEATH [IF ETHER, NOTIFY MEDICAL EXAMINER] 200. ACCIDENT WAS UNDERLYING WAS UNDERLYING DOWN INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 200. ACCIDENT WAS UNDERLYING DOWN INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 200. ACCIDENT WAS UNDERLYING DOWN INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 200. ACCIDENT WAS UNDERLYING DOWN INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 200. ACCIDENT WAS UNDERLYING DOWN INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 200. ACCIDENT WAS UNDERLYING DOWN INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 200. ACCIDENT WAS UNDERLYING DOWN INJURY OCCURRED (Enter nature of injury in Part I or Part II o	(34		[If yes, give war or dates of s		lnknown	1	Hospital r	eco	rds					
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OR CONTRIBUTING CAUSE OF DEATH Control County County													PERFORM	ED!
21. I certify that (I) (this hospital) attended the deceased fram 5-27-60 12 ta 9-4 19-60, that (I) (we) last saw the deceased alive on 9-4 19-60, and that death occurred at 3:55M, FMm the causes and on the date stated abave 22a. SIGNATURE ATTENDING MED OIRECTOR STAFF 9-60 22c PHYSICIAN'S OIRECTOR PHYS 9-60 22d ADDRESS 22d ADDRESS 22d ADDRESS 22d ADDRESS 22d ADDRESS 22d ADDRESS 23d LOCAT ON (City, tawn, or county) REMOVAL (Specify) 9-8-60 23d DATE THEREOF PHYS 9-60 23d LOCAT ON (City, tawn, or county) BUT 121 23d LOCAT ON (City, tawn, or county) Annapolis, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D 8Y REGISTRAR SIGNATURE	CERT	OR CONTRIBUTIN	G CAUSE OF DEATH	206. DESCR	RIBE HOW INJURY OCCI	URRED	(Enter nature of inju	ry in Po	ortior Pos	t li pi item (8)				
21. I certify that (I) (this hospital) attended the deceased fram 5-27-60 12 ta 9-4 19-60, that (I) (we) last saw the deceased alive on 9-4 19-60, and that death occurred at 3:55M, PMm the causes and an the date stated abave 22a. SIGNATURE ATTENDING MED OIRECTOR STAFF 9-60 22c PHYSICIAN'S NAME (Type) 22d ADDRESS 22d ADDRESS 22d ADDRESS 22d ADDRESS U.S. Naval Hospital, Bethesda, Md. 23d BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City, tawn, ar county) (Stote) BUT 121 23d FINERAL DIRECTOR'S SIGNATURE 25o. REC'D 8Y REGISTRAR SIGNATURE	18									y ar lown)		(Caunty)		(Stote)
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Burial Specify 9 8 60 U.S. National Annapolis, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR SIGNATURE		NAME (Type)	ohn E. KNOW	les, i	IT, MC, USN		U.S. Na	aval	L Hos	pital, B	ethes	da,	Md.	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR SIGNATURE	23	BURIAL CREMATI)F	23c NAME OF CEMETE	RY OR	CREMATORY						(Stote)	
At I sei a Man I Be a David near		Burial	9 8 60	/	U.S. Nati	lona	1		Anna	polis, M	aryla	nd		
John M. Taylor & Sons, Annepolis, Md. One DATE P. 9 '60 Gilling & King	24	along y		10	- B 11-	.7		REC'D	BY REGIS	TRAR 256 REC	DISTRAR'S S	IGNATU	IRE	
		John M.	raylor & So	ns, Ar	mapolas, Mo	line O	DAT DAT	SEP	9 '6	0 0	Umar S.	then	A	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 1)550 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY b. COUNTY Montgemerv Maryland Monte. MARYLAND b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate I m Is, write RURAL and give nearest fown) write RURAL and give nearest lown) Silver Spring d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUT ON (f not in hospital, give street address) e. IS RESIDENCE ON A FARM? Petemac River 1955 Seminary Rd. YES NO 3. NAME OF Middle 4. DATE Month DECEASED John Jacob Turner Jr. (Type or print) DEATH Sept 17, 196019 6. COLOR OR RACE 7. ALEDED THE MEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS lest birthday) Months | Days 10/15/1914 WRITE WIDOWED DIVORCEDITA 100. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR NDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. NAVY (retired) D. C. USA PATANTER S RAME 14. MOTHER'S MA DEN NAME John J. Turner, SR. Helen Eva Dulev 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SulverSpring.Md. (Yes, no. or unknown) (If yes give war or dates of service) Edward F. Gummel. 1915 Rookwood Rd WW # none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CALISE (a) **DUE TO** Drowning Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19, WAS AUTOPSY PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I, of item 18.) PRIMARY OF CONTR BUTING Z Drewned while beating on Pet. River ners Senaca 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) 20c, T.ME OF INJURY Not While at work factory, street, office bldg., etc.) While Petemae R.: nr Senece Mente. and in my opinion Accident 🛣 Natural causes Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be to FUNERAL. 9/24/60 DEPUTY MED. CAL EXAMINER EXAMINER'S NAME (Type) Frank J. Breschart Address (Streat, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27a, BURIAL, CREMATION 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 9/28/60 ARITNOTON NAT'L. CEMETERY ARLINGTON, VIRGINIA E40 9 BURLAL 23 FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE Vs. A15ME SILVER SPRING, MD. SEP 2 9 '60 5M 7/59 arthur S. Kraus

ARYLAND STATE DEPARTMENT OF HEALTH



TO HOST

	MARYLAND STATE DEPARTMENT OF HEALTH
10560 DIVISIO	ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10534

	1, PLACE OF DEATH a. COUNTY	Contgomery		MARYLA	- 11	n STATE	ence (Wharyla		d lived. If instituti b. COUNTY		tgome:		in)	
ľ	RURAL and give n	b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 1b RURAL and give nearest tawn)						c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)						
	Bethesda					Silver		ng	- the same					
1	d. NAME OF HOSPI	TAL (If not in haspital, g	jive street o	hesda ll, M	,	d. STREET A			#		1	IS RESIL	FARM?	
1		cal Center	, Bet.	nesda 14, M	a .	4 Knex	Plac	-	4			YES 🗍	NO 🔯	
1	3. NAME OF DECEASED	Ri.ch:	_	Middle Albert		Lasi		4. DATE OF	Mor		Doy 8.		ear - 60	
1	(Type or print)					Ver		DEATH	Septemb		e 1 YEAR IF		9 60	
1	s sex Male	White		ED NEVER MARRIED		DATE OF BIRTH		_	9. AGE (In years last birthday)	Months		Haurs	Min.	
ŀ			WIDOWE	D DIVORCED		June 17	*		D yes	12 CIT	IZEN OF W	JHATCO	MINITPVS	
1	during mast of war	king life, even if retired	}		וועטטאוו		yland	ar lareigii ci	donneys	12 (1	U. S			
								IAAAF		<u> </u>	U a D	a Pha		
$\ $		Tone O				14. MOTHER'S	44	Thomps	7.00					
4	15 WAS DECEASED EVE	um Vere, Sr		SOCIAL SECURITY NO.	17 INFO				Record Add	rass.				
	(Yes, no, or unknown)	(If yes, give war ar dates of s	ervice)						. Bethese		Mar		d	
1	No No			None	1 74,	e CITIT	Cal C	enter	Decliese	4.6 1249		VAL BET		
1		ATH [Enter only one co ATH WAS CAUSED BY:		cralogy of H	7.77.	+ no	nd					I AND I	DEATH	
ı	JEH.	IMMEDIATE CAUSE (c	1	pratogy of r	GTT	30 - pos	se ope	erativ	·e		2	yea	rs	
	, , ,	DUE TO)											
-	Canditions, if any, which (b)													
	couse (a), stating)											
١	Jying cause lost. (c) (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS ALTOPSY										LTOPSY			
1		PARTIE OF THE REMAINED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTIES PERFORMED? YES MINO I												
	20g. ACC DENT W	YES XI NO ☐ 20a. ACC DENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH												
	THER NOTIFY	MEDICAL EXAMINER												
1	Y 20c TIME OF INJUI	RY Month, Day, Ye	ar 20d In While	UJURY OCCURRED 2		E OF INJURY (I iry, street, affice			rartawn)	((Caunty)		(State)	
		19	at worl	at work										
	21. I certify the	at (l) attend	ed the deceased fi	Sapt	ember 4			Septembe:					
-1	saw the decea	sed alive an Sep	tembe	r 819 60, and t	hat de	ath accurred	1 012:5	W. from	the causes as	nd on th	e date s	tated	abave.	
	220 SIGNATURE		,			ATTENDING	C 641		STAFF			22b.	DATE SONED	
	Willia	m C (lure	m.D.	М.	D. PHYS	□ D1	RECTOR [91	/8/6	GNED	
	ŽŽC PHYSICIAN'S NAME (Type)					22d ADDRE	SS The	e Clin	rical Cen	ter,	Nati	iona	1.	
		William C.	Awe,	M.D.		Inst	tutes	a_of_H	lealth, F	Rethes	da 1	M	d	
	23a BURIAL, CREMATIC	1)F	23c. NAME OF CEMET					TION (City town,			(State	•	
	CREMATION	9/10/60		FT. LINCOLN	CRE	MATORY		_	CE GEO.				AND	
	24 THERAL PREGIOF	PUNTHERY.	INC.	STLVER SPR	ING.	MD.		D BY REGIST	1	ISTRAR'S SI				
	Caymous	Cll. gisk	a				DATE S	EP 13"	60	Nound D	, / / / /			





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PLACE OF DEATH O COUNTY	Montgomery	MARYLAND	- CTATE	readeceased lived If institution of COUNT	Montgomery
b CITY OR TOWN RURAL and give S11	N (If outs de corporate limits, write e nearest lown) ver Spring	c. LENGTH OF STAY IN 16	1	utside corporate umits, write	RURAL and give nearest town)
OR INSTITUTIO	SPITAL (If not in hospitol, give street N Sanit:		d. STREET ADDRESS	0 Justice 1	e is residence on a farm? Yes \(\) no \(\)
3. NAME OF DECEASED (Type or print)	Harry	Middle	Warner	OF	onth Doy Yeor pt. 19 19 60
s sex Male		RRIED NEVER MARRIED TO	8. DATE OF BIRTH Oct. 21. 1	9 AGE (In year lost birthdoy	Months Days Hours Min
10a. USUAL OCCUPA during most of w	TION (Give kind of work done 10) vorking life, even if retired)	b. KIND OF BUSINESS OR INDU		or foreign country)	12 CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	VER IN U. S. ARMED FORCES?		NFORMANT		ddress 2d
	ony, which (b) (b) Oue TO	ereprel F.	etastasis of Prestar	Lp	INTERNAL BETWEEN ONSET AND DEATH
AT CAT	OTHER'S GNIFICANT CONDITIONS		NOT RELATED TO THE TERMI	nal disease condition o	SIVEN IN PART 1(0) 19. WAS AUTOPS: PERFORMED? YES NO
200 ACCIDENT OR CONTRIBUTION (IF EITHER, NOTION 200 TIME OF IN. Hour o. r	IURY Month, Doy, Year 20d, While	E.	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (Stote
	eased alive an $2-1$, 19 for 1/2 that (I) (we) last and on the date stated above 22b DATE
22c. PHYSIC AN' NAME (Type		chards	22d ADDRESS	rector STAFF PHYS.	9/20/60 Lver Spring, Md
	TION, 236 DATE THEREOF	23c NAME OF CEMETERY O	or CREMATORY erly Cemeter	23d LOCATION (City, tower Bevere	
24 FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS Bethordo Ms	250 REC		GISTRAR'S SIGNATURE

TO HOST.

OR ATTENDING PHYSICIAN: The law requires that the death certiticate be executed within semand be "Vained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial transit permit. Then please remave carban papers. Pages I the State Board at Health prior to burial, cremation, at remaval, and in any event, within 27 haurs after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOS VR A1S (4) 15M 9/59

by the funeral director, of 2 should be filed with

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after death Page



physician Bui ottend gned E burial ā DIRECT 3 should FUNERAL o **VR A15 (4)**

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papers.

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hours and

1SM 9/59

2) 21/2012 Const. 12 12 12 14 14 14

rs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10538

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		_	_	

CERTIFICATE OF DEATH

<u> </u>	10001							Reg. Dist.	No.	
	LACE OF DEATH	-		- STATE	ESIDENCE (Wh	ere deceosed	lived. If institute b. COUNTY	on: Residence	before admi	ssion)
	MONTGOMERY		MARYLAND	3 II	RYLAND			SOMERY		
Ь	CITY OR TOWN (If autside corporate limits, wi RURAL and give nearest town)	rite c. LENC	OTH OF STAY IN 1			utside corpore	ote limits, write R		e nearest to	VI)
	OLNEY		6 DAYS	1 EA	TTHERSE	1100				
C	I. NAME OF HOSPITAL (If not in haspital, give si		O DAIS		T ADDRESS	URG			e. IS RI	SIDENCE
	OR INSTITUTION Mentgemer	y Co.	General						ON	A FARM?
			Hesmits	Bo Bo	x_1.71	Y			152	
3. N	IAME OF First		Middle		Last	4. DATE	Mon	th	Day	Year
	Type or print) OLIVE	Į.	YERS	WATE	RS	DEATH	SEPT	14		19 60
5 5	EX 6 COLOR OR RACE 7.	7	NEVER MARRIED			5	. AGE (In years	IF UNDER 11	EAR IF UNI	DER 24 HRS
-		OWED	DIVORCED [11/12	/99	-	lost birthday) 60 yrs	Months De	ays Hours	Min
	USUAL OCCUPATION (Give kind of work done	10b. KIND OF	BUSINESS OR INI			ar foreign cos		12 CITIZE	N OF WHAT	COUNTRY?
	during most of working life, even if retired)									
10.1	Housewife				ARYLAND			U.	S. A.	
3. 1	FATHER'S NAME			14. MOTHE	R'S MAIDEN N	IAME				
	KIRK GRIFFITH				NNIE RI	GGS				
	WAS DECEASED EVER IN U. S. ARMED FORCES? no, or unknown) (It yes, pive way or dates of service)		SECURITY NO	INFORMANT			Add	ress		
	fit yes the are or other or started			Hospi	TAL REC	ORDS.	OLNE	Y. MARY	LAND	
T	1B. CAUSE OF DEATH [Enter only one couse p	per line far (a)	, (b), and (c).]						INTERVAL	
	PART I. DEATH WAS CAUSED BY:		0/1+1-	c Ch	12011	, ,	die		ONSET AN	D DEATH
	IMMEDIATE CAUSE (6)								/VC7	
	DUE TO	Phe	um di	+10.	HPd	vt	DICE	9.10	Kun	wh
	Conditions, if ony, which (b)	7						- 0		()
	couse (a), stating the under-									
	lying cause last. (c)									
8	PART 11, OTHER SIGNIFICANT CONDIT C	ONS CONTRIBU	JTING TO DEATH B	UT NOT RELATED	TO THE TERM!	NAL D SEASE	CONDITION GIV	EN IN PART 1		AUTOPSY
FICATION										ORMED?
35	20m. ACCIDENT WAS LINDERLYING TO 20h.	DESCRIBE HO	W INJURY OCCUR	PED /Foter potus	e of inversion f	Part Loc Port	It of item 18.)		1	д 110 🗀
CERT	20g. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	000000000000000000000000000000000000000	W INGOK! OCCO.	The ferror reads	0 01 111017 111 1	011 1 01 1 011				
MEDICAL		0d. INJURY O	CCURRED 20e	PLACE OF INJUI factory, street, a			or town)	(Cou	inty)	(Stote)
ME			work			'				
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			, and that dec	All manners of	- 4 J	AA C	- 4 - 4-, 17	1 1	suw me	deceased
	dive di September 10	19 E Q	, and that dec	ith accurrea	3 6	M, fram t	ne causes an eet, city or town,	d an the c		ed abave. ATE SIGNED
	ACTUAL ()	1	/ .		•	MDDKE33 (3III	ser, city or lowis,	store)		
	SIGNATURE	nun	nach						9/	14/60
	PHYSICIAN'S									
	NAME (Type) JACK SCHUM	ACHER.	M. D.		GAI	THERSE	LURG MAI	RYLAND		
22a.	BURIAL, CREMATION, 226. DATE THEREOF	22c. N	AME OF CEMETERY	OR CREMATOR	1	22d. LOCATI	ON (City, tawn,	or county)	(St	ote)
To.	REMOVAL (Specify)	7	Neelsv1	116		0.		***	263	
-	UNERAL DIRECTOR'S SIGNATURE		DRESS .		24c. REG	D-DY PEGISTS	rman tow	STRAR'S S GN		
	Ernest C. Gartner.	Gaith	ersburg	. h.d.	9	tr 16'6	170. 120	rilling of	Planty	
					DATE					

may be induced by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fulleral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hays, after death. TO HOSP VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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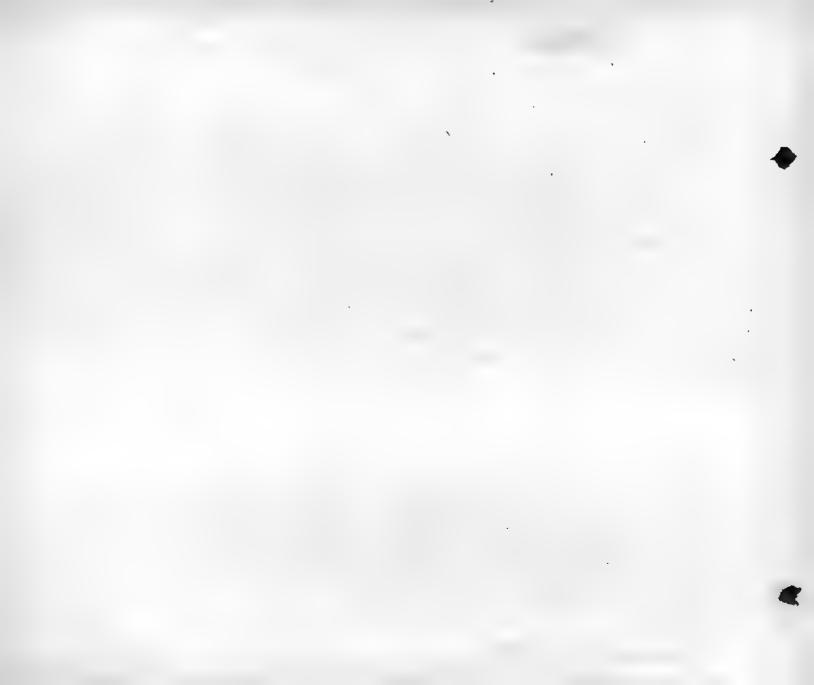
15M 9/5B

after death. Page

the death certificate be executed



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY MONTBOURA 6 COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest town WHERY CHASE c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the shau d NAME OF HOSPITAL (If not in hospital, give street address) d. SIREET ADDRESS e. IS RESIDENCE ON A FARM? WOOD LAWN DR. YES I NO IZ NAME OF Middle 4. DATE Yeor DECEASED OF DEATH (Type or print) 10 **hC** 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX MARRIED NEVER MARRIED last birthdorf Months Days Hours WIDOWED I DIVORCED | 10a. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) VEA LEN 00 LIGNOR 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME POTASH IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 3966 - WOOD LAWY, RD. NO w requires that the death attendi 18. CAUSE OF DEATH [Enter only one cause per line for (o) (b) and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gave rise to Immediate DUE TO couse (a), stoting the under-MITERIOSCUEROFIC lying cause lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO T 20g ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Doy, Year (County) (Stote) foctory, street, affice bldg , etc.) Hour a m. While Not while at work of work p. m. 21 | certify that (1) (this haspital) attended the deceased fram. (i) (we) last saw the deceased alive an , and that death accurred at LAM from the causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED M D. PHYS. DIRECTOR | 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23a BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 256 REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR'S ASIGNATURE** 25g, REC'D BY REGISTRAR arthur & Kraus 160 VR A15 (4) TSM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10542

2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)



PLACE OF DEATH

rs after death. Page 4

in by the funeral director, and 2 shauld be filed with may be white the hospital or attending physician.

INDEREL DIRECTOR: After this certificate has been signed by the attending plays page 3 should be detached for use as the burial-transit permit. Then please means the State Board of Health prior to burial, cremation, or removal, and in any event, we

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- 0	NAME OF DECEASED Type or print)	Fir	_	Middle		Lost	4.	DATE OF DEATH		Mon		00	•	feor
		Deboi		Carolyn	-	White		DEATH				er 28		19 60
s s F∈	emale	White	/ MARI WIDOW	RIED NEVER MARRIED 🔀		une 17, 19	757		9 AGE (I lost bii	rthday) yrs	Month	ER 1 YEAR Doys	Hours	Min,
_	USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS OR INC		11. SIRTHPLACE (Sto	ite or f	_	ountry)		12.0	ITIZEN OF	WHATC	OUNTRY
	Studen	t		None		West Vi						U.S	A	
3.	FATHER'S NAME				1.	. MOTHER'S MAIDEN	I NAM	E						
	William					Estelle C								
S. (Yes	na or unknown) (R IN U.S. ARMED FOR If yes, give wor or dates of s	CES7 16. ervice)	SOCIAL SECURITY NO. 17.	. INFOR	MANT The M	le di	ical	Reco	rdad	T655			
	No			None T	'he	6linical C	ent	er.	Beth	esda	114	Mar	ylan	d
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).}								INT	ERVAL BE	TWEEN
	PART I DEA	TH WAS CAUSED BY.	St	aphylococcal:	cani	ricomia							SET AND	
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	lying cause last.	GOTTON CO	1											
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CERTIFICATION	20a ACC DENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	RED (E	nter nature of injury i	in Part	1 or Par	t II of iten	n 18)			(6)	
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
KEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	Y Month, Day, Yes	While	NJURY OCCURRED 20e. Nat while k at wark	PLACE factory	OF INJURY (Home, fo , street, office bldg., e	elc.)	20f. (Cil)	y or town)			(County)		(State
<		t (I) (this bosnital	_	ded the deceased from	. An	gust 26	60	la S	Sente	mber	280	60 11	ort (1) /	wo) l=-
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	22c PHYSICIAN'S		1	11		00					ton	, Nat		
	NAME (Type)	W. Walter	Oppe.	lt. M.D.							-			
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23a	BURIAL, CREMATIO	N, 236 DATE THEREC	F	23c NAME OF CEMETERY	OR CI	REMATORY	234	d LOCA	TION (City	y, tawn,	or count	y)	(Stot	e)
	Removal (Specify)	9/29/60)	Highland M	em	Gardens		L	ogan	. W	est	Vir	gini	a
	FUNERAL DIRECTOR:		1	ADDRESS		25a. RE	C'D 8	Y REGIS	TRAR 2			SIGNATU		
	The S. H	· nines (10-2	901-14th St	INN	DC DATE	SED	30'	60	101	al had	9 5	und	
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
(N	1)	CERTIFICATE OF DEATH Reg. Dist. No. 1 (15)
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death'	}	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
s after y the fu 2 shoul		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 9 401-1673 YES [] NO M
24 Four		3 NAME OF V First Middle Lost 4. DATE Month Day Year OF DECEASED (Type or print) Sertember /6 1960
within 2 Itely fille Pages		5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH lost birthdoy) WIDOWED TO DIVORCED TO TAIN, 7, 1961 ON AGE (In yeors IF UNDER 14 PAR) IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
comple popers,		100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTR during most of working life, even if retired) 13 CITIZEN OF WHAT COUNTR DOME
ian and carbon after de		13. FATHER'S NAME
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ding ding ase r		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
the death e attendi		PART I. DEATH WAS CAUSED BY (a) CANDWA OF LONG WITH MAPPINSTASES ONSET AND DEATH
s thot I by the mit. The sany eve		Conditions, if ony, which) (b)
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IAN: The ending ficate he the bur or rem		
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JING I naspito After the ed far		21. I certify that I attended the deceased from Series, 1958, to Series, 1962, that I last saw the decease
TENT The 1 OR: /	ıń	alive an 29 f 2 , and that death accurred at 12 A M, from the causes and an the date stated about ADDRESS (Street, city on town, state) DATE SIGN
OX A ned by DIRECT d be d prior t		SIGNATURE Janes C. Colon of March 1900 177/7 Consol / 100 9-16 60
Service Service 3 show gistror		PHYSICIAN'S NAME (Type) James M. Whitlock, M. D. TalCour Va K 12 12
may be of FUNE		TRANSTITUTE RIAL 9/20/60 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Lackawanna County, Pennsylvani
V\$ A15 (4) 15M 10/57		22 SUNFRAL PRECIONS SIGNATURE V. INC. SILVER SPRING, MD. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Chilms S. Known



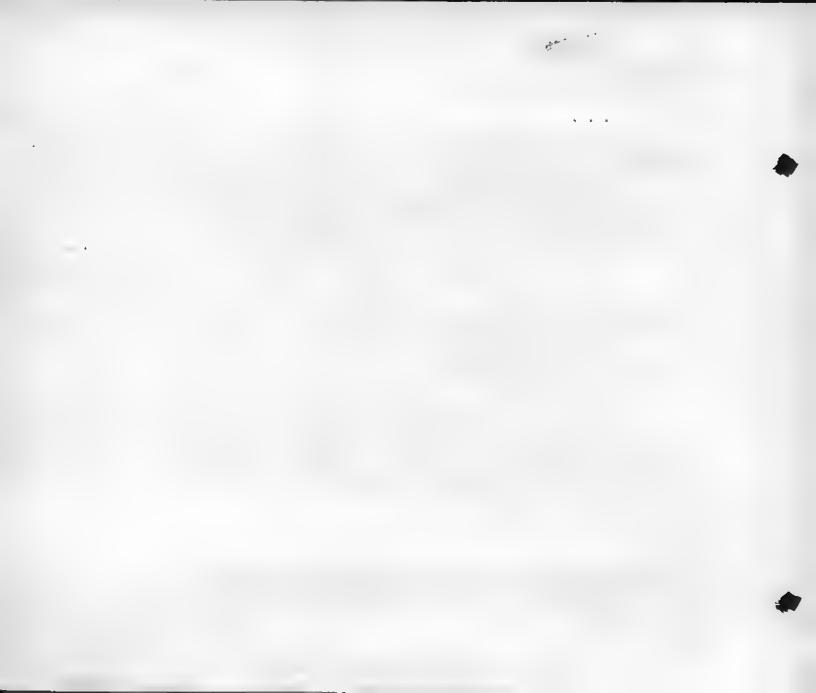
LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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TO HO LOR ATTENDING PHYSICIAN: The law requires that the death certi-		TO FUNERAL DIRECTOR: After this cert firmte has been signed by the attending ph		
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7		b. CITY OR TOWN (RURAL and give n Derwood R	If autside corporate limi earest tawn) RD#1		c. LENGTH OF STAY IN 1	b	Bethesda,	utside carpor			re nearest	tawn)
		OR INSTITUTION	AL (If not in hospital, g		address)		d. STREET ADDRESS River Road	. ,				RESIDENCE N A FARM?
		NAME OF DECEASED (Type or print)	Edw		Middle		vilmore	4 DATE OF DEATH	Mon Se i		Day	Year 19 60
		sex Male	6 COLOR OR RACE	WIDOWI] B. 1	June 22 18	78	9, AGE (In years [*] last birthdoy) 97 Yrs	IF JNDER 1	YEAR IF	NDER 24 HRS
		Laborerr	ON (Give kind af wark o king life, even if retired	dane 10b.	KIND OF BUSINESS OR IN		Eastern S	hore .			J.S.A	AT COUNTRY?
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	TS (Yes	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or doles of s	CES? 16.	SOCIAL SECURITY NO 117		rmant rsing Home R	egords	Add	ress		
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	L CERTIFICAT											
	MEDICAL	20c. TIME OF INJUI Hour o m. p.m.	RY Manth, Day, Yes	While of wor	Not white		OF INJURY (Home, farm, y, street, affice bldg , etc.		ar tawn)	(Co	unty)	(State)
1		21 I certify the saw the decea 220 SIGNATURE	at (I) (this haspitesed alive an	Gryeno	/ -		ath accurred at 1.70	M, fram	the causes an			1) (we) last ited above 22b.DATE SIGNED
- 1		22c PHYS CIAN'S NAME (Type)	Lucique	> /.	Leal M.		22d. ADDRESS	400	1	5. Ke	١٩.	
		BURIAL, CREMAT C	19/12/	60	Country Country	LOR G	REMATORY - TUNE_	236. L9CA)	ckre	or county)	, 22	(State)
	24/	FUNERAL DIRECTOR	L Sunva	len	Kockel	le,	DATE SE	P 1 3 '6		STRAR'S SIGN	Thurs	



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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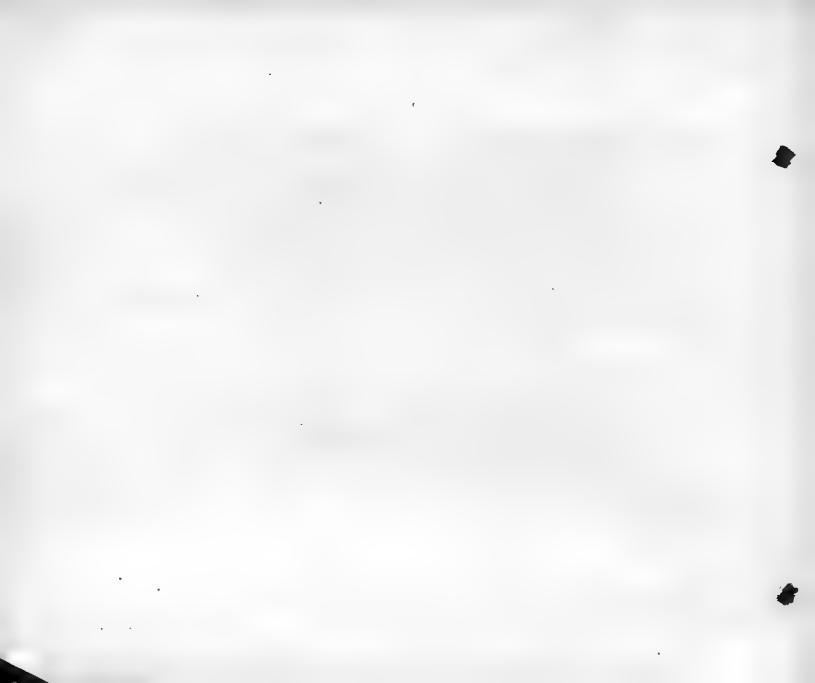
the funeral should be fi

After this RAL DIRECTOR: TO

Signature Signat	230. BURIAL, GREAM HON, 23b. DATE THEREOF	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION
may may Page the S	Burial 9/12/60	Rock Creek Cemetery	Was
5 - 5	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 25a REC	D BY REGISTRAR
VR A15 (4) 15M 9/59	SH. Hires co 2901-1.	4 = St. n. W. Evast De DATE	P 1 3 '60

INTERVAL BETWEEN ONSET AND DEATH YES NO 20f. (City or town) (County) (Stote) _, 19_6C, that (1) (we) last 22b DATE SIGNED MED DIRECTOR Rockville. Md. (City, town, or county) (Stote) hington, D.C. 25b. REGISTRAR'S SIGNATURE

. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY MARYLAND Montgomery b CITY OR TOWN (If outs de carparate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Washington, D.C. Kenesaw Apts, Rockville d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUT ON 16th and Irving St., N.W. YES NO P Chestnut Lodge, Inc. NAME OF Middle Lost 4. DATE Year Street Wilson September 10 160 (Type or print) Flora S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Davs white famile DIVORCED F WIDOWED [10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Washington, D. C... housewife-teacher none(school) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sus: n Emily Gullett Daniel Baier Street 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Chestnut Lodge, Inc. Rockville, Md. no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: arcinoma, right upper lobe, lung IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gave rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 hronic peptic alconation, first portion of duodenum & homorrhage 200 ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Hour a.m. While Not while at work of work 21 I certify that (1) (this haspital) attended the deceased fram. 1960, and that death accurred and M. from the causes and on the date stated above saw the deceased alive on. 220 SIGNATURE ATTENDING PHYS M.D. 22c PHYS CIAN'S 22d ADDRESS NAME (Type) 104 S. Washington St., Corrinne Cooper ST-11.41 CUASK De



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1056director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) COUNTY g. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if ours de corporate limits, write c CITY OR TOWN in outside corporate limits, write RURA, and give nearest fown) the funeral shauld be fil c. LENGTH OF STAY IN 16 RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) 2 days d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Fairfield Drive Suburban NAME OF First Middle 4. DATE OF Last Month Year DECEASED Pages (Type or print) DEATH condic 25 19 New ton Sentember 9 AGE in years S SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED lost birthday) Months Days DIVORCED | WIDOWED T 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fore gn country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mangar. 13. FATHER'S NAME TO 14 MOTHER'S MAIDEN NAME AlbertLoughil attending physic Newton 17 INFORMANT 1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address event, any CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) and **DUE TO** permit. Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (o), stating the underlying couse last. **burial-transit** PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? has YES NO T 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) (Stote) foctory, street, office blog, etc.) Hour o. m. While Nat while at work at work p. m. 2) | certify that (1) (this haspital) attended the deceased fram... and that death accurred at CODM, from the causes and an the date stated above nay control by the her FUNERAL DIRECTOR: A sage 3 should be detached sew the deceased alive a 220 SIGNATURE 226 DATE SIGNED ATTENDING M D PHYS DIRECTOR -22. PHYSICIAN'S 22d. ADDRESS NAME (Type) Nontromery La lettesda Ad. 23g. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fawn, or county) (Stote) REMOVAL (Specify) Rurial Rladensburg Rd. Md 24 FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DATSEP 2 9 '60 Circhar & Kruns

15M 9/59

after death.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10547

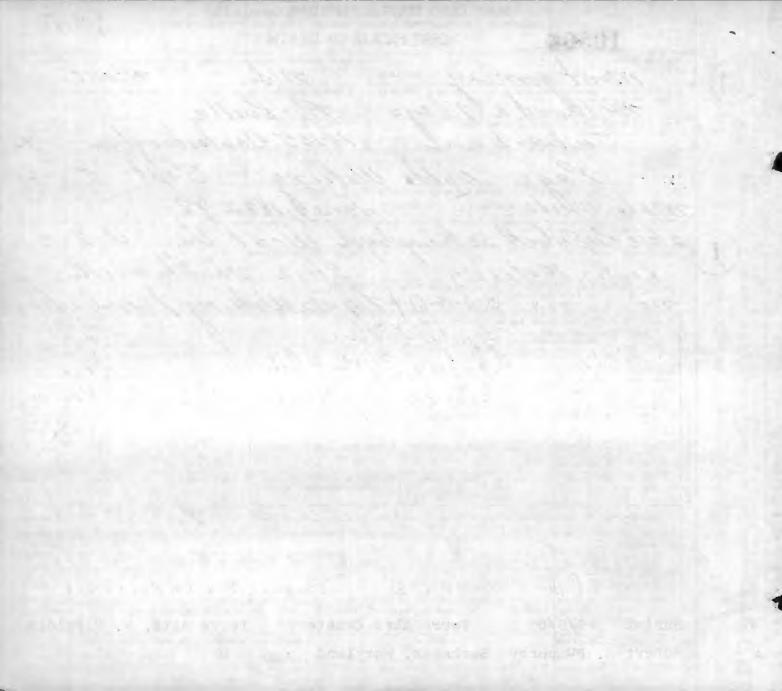
10566

		LACE OF DEATH	/		2. USUAL RESID	ENCE (Where deceased	lived. If institution: Reside	nce before adplission)
	U	mor	of gom	carl MARYL	AND 0. STATE	md.	b. COUNTY	ont.
	b	RURAL and give neare	otside conforate limits, writes tower	c. JENGTH OF STAY II		OWN (If outside corpor	ale limits, write RURAL and	give nearest town)
-	d		(If not in hospital, give str	ees address)	d. STREET A	DDRESS	7//	e. IS RESIDENCE ON A FARM?
1		5	aburt	and	1410	5-Can	torburyL	BAR YES NO R
	D	NAME OF DECEASED Type or print)	First	Hobby	Wolvi	4. DATE OF DEATH	5-ent	Day Year 5 19 6 C
	S. S	EX 6.	COLOR OF RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	1 -	9. AGE (In ears IF UNDE last birthday) Manths	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
	7	make a		OWED DIVORCED		1,1882	78 yrs.	
1	100.	during mast of working	(Give kind of work dane) life, eyen if petired)	06. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPL	CE (State or foreign co	(la. 12.C)	L. J. A.
)3. I	FATHER'S NAME	11/	//	14. MOTHER'S	MAIDEN NAME	1 41	10
		Lewi:	5 Woll	1279	E11	72 JA	ulle wo	1/the
	(Yes,	no, or unknown) (H y	U. S. ARMED FORCES? es, give wor or dates of service)	16. SOCIAL SECURITY NO. 230-38-6114	17 INFORMANT	Motor	ng / 54	rue 2 sA box
			[Enter only ane cause pe	r line far (a), (b), and (c).	0/10		1	INTERVAL BETWEEN
		PART I. DEATH	WAS CAUSED BY	repalie so	ullur			Mayo
		Canditians, if any,		Sombosis;	Hepatic +	Portal Vac	ús	Days
		gave rise to imm cause (a), stating the lying cause lost.		taution Conus	Bladadby	calculi with	cholangitis	- Zubnown
	CATION	PART II. OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN PA	RT I(o) 19. WAS AUTOPSY PERFORMED?
			Nont					YES NO
		OR CONTRIBUTING []	CAUSE OF DEATH	DESCRIBE HOW INJURY OC	CURRED. (Enter nature a	f injury in Part I or Part	If of item 18.)	
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	. WE	1. INJURY OCCURRED itle Not while wark at wark	toe. PLACE OF INJURY (1) factory, street, affice	Hame, farm, 20f. (City bldg., etc.)	ar tawn)	(County) (Stale)
		21. I certify that (l) (this haspital) atte	ended the deceased f	rom (hor 3	19/cc , ta_	Lept 5 19	that (!) (we) last
		saw the deceased	alive an 2-J	19 60 , and 1	hat death occurred	at/M, fram		ne date stated above.
1		22o. SIGNATURE	n Can	rek	M.D. PHYS.		STAFF PHYS.	9 5 E SIGNED
		22c. PHYSICIAN'S NAME (Type)	F. MC CA	PRICK M.I	22d. ADDRE	SS VIERS MI	LLRD. ROCK	VILLE MI)
	23a.	BURIAL, CREMATION,	23b. DATE THEREOF		TERY OR CREMATORY		ION (City, lawn, or caunty	(Stote)
	H	Burial Burial	9/8/60	Terra Al	ta Cemete	ry Ter	ra Alta, W	. Virginia
	140	FUNERAL DIRECTOR'S S		ADDRESS Pothoods	Mamuland	25a. REC'D BY REGIST		11
	I	Robert A.	Pumphrey	Bethesda,	Maryland	DATE SEP 9 16	O arthur &	Time

TO HOW I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Purs ofter death. Page 4 may be expined by the hispital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

urs ofter death. Page 4



200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

p. m

220 SIGNATURE

lying couse last.

PLACE OF DEATH

Bethesda

OR INSTITUTION

g COUNTY

NAME OF

S. SEX

No

Male

DECEASED

(Type or print)

Orlando Wesley ME Bricke 22c. PHYSICIAN'S NAME (Type)

GLENWOOD CEMETERY

B	U	RYAY	4
24	F	UNFRAI	

L (Specify)

SPRING, MD.

25a. REC'D BY REGISTRAR

WASHINGTON, D.C.

256. REGISTRAR'S SIGNATURE

ISM 9/59

0

00

per

DATE SEP 1 9 '60

Orthor & Kines

